MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14690

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 87 North West

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 87 North West

3. NAME OF DECEASED (Type or Print): (First) Estelle (Middle) Oliver (Last) Allsup

4. DATE OF DEATH: (Month) 12 (Day) 22 (Year) 1952

5. SEX: female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-2-1905

9. AGE last birthday: 47 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Annapolis

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leonard Allsup

14. MOTHER'S MAIDEN NAME: Bertha Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Joseph T. Allsup - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro Vascular accident — Interval between onset and death: 2 days

331K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Annapolis (COUNTY) A.A. (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED Whilo at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1952 to 12-12, 1952, that I last saw the deceased alive on 12-21-52, 1952, and that death occurred at 12 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS 10 Carroll DATE SIGNED 12-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12-26-1952 — NAME OF CEMETERY OR CREMATORY: Brewer Hill — LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. Dec. 22, 1952 — REGISTRAR'S SIGNATURE J. E. O'Connell

24. FUNERAL DIRECTOR: William Reese, II — ADDRESS 108 21. Washington St. Annapolis, Md.

DEC 2 9 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 14691

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Glen Burnie
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 305 N. St. S. E

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Ann Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural give location) 305 N St. S. E.

3. NAME OF DECEASED: (First) Frederick (Middle) (Last) Aschenbach
4. DATE OF DEATH: (Month) Dec. (Day) 24 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 9, 1893	59 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Refrigerator Service	Gen. Elec. Appl. Co.	Chester, Pa.	U.S.A.

13. FATHER'S NAME: Carl Aschenbach
14. MOTHER'S MAIDEN NAME: Pauline Gerhardt

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unknown		Unknown	Mary L. Aschenbach Glen Burnie, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cerebral Hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Essential Hypertension
DUE TO
(c)

331 IX

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10, 1952 to 12-22, 1952, that I last saw the deceased alive on 12-22, 1952, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Sidelia B. MacDonald M.D. | Glen Burnie Md | 12-24-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec. 29, 1952 | NAME OF CEMETERY OR CREMATORY Lawn Croft | LOCATION (City, town, or county) (State) Delaware Co. Pa.

DATE REC'D BY LOCAL REGISTRAR 12/27 | REGISTRAR'S SIGNATURE L. J. DeAlba

24. FUNERAL DIRECTOR T. V. Singleton | ADDRESS Glen Burnie, Md.

VS. A 15

RECEIVED
DEC 29 1952
BUREAU V. S.

Dr Basil

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14692

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A18 (8-51)

1. PLACE OF DEATH:
COUNTY A.A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mayo, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mayo, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Mary (Middle) Elizabeth (Last) Ayers

4. DATE OF DEATH: (Month) 12 (Day) 22 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 3/25/1876

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Annapolis Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ezekial A. Mitchell

14. MOTHER'S MAIDEN NAME: Susan E. Bryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MADELINE AYERS, ANNAPOLIS, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.0

Immediate cause (a) Acute Subacute Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Several yrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Generalized Arterial Sclerosis — Several yrs

DUE TO

(c) Partial Intestinal obstruction — Several days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Incisional Hernia — 5 years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from June 48, 19.., to Dec 22, 1952, that I last saw the deceased alive on Dec 21, 1952, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Dengel Basil M.D. Annapolis 12-23-52

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 12/24/52 NAME OF CEMETERY OR CREMATORY St. Anne's LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. Dec. 24, 1952 REGISTRAR'S SIGNATURE Edward Collerson

24. MINERAL DIRECTOR ADDRESS John M. Taylor & Son Annapolis Md

RECEIVED
DEC 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14693

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 2 yrs. 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) Bacon
4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 19 52
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 4/14/80
9. AGE last birthday: 72 yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk.
(If Yes, give war or dates of service) — — —
16. SOCIAL SECURITY NO.: — — — —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
002X
Immediate cause (a) Pulmonary Tuberculosis — Known to us since 3/12/52
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Paranoid Condition — Known to us since 8/20/50

19a. DATE OF OPERATION: — — — —
19b. MAJOR FINDINGS OF OPERATION: — — — — — — — — — — — — — — — — — —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — — — — — — —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — — —
(CITY OR TOWN) — — — — — — — — — — — — — — — — — —
(COUNTY) (STATE)

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? — — — — — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 8/20, 19 50, to 12/18, 19 52 that I last saw the deceased alive on 12/18, 19 52, and that death occurred at 1:30a. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Jesse Marquardt M.D. ADDRESS Crownsville, Md. DATE SIGNED 12/18/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 12-21-52
NAME OF CEMETERY OR CREMATORY College Grove
LOCATION (City, town, or county) (State) Green Hill Md.

DATE REC'D BY LOCAL REG. 12-19-52
REGISTRAR'S SIGNATURE K M Joyce
24. FUNERAL DIRECTOR Wallace H Jones Jr. Princess Anne
ADDRESS Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 30 1952
BUREAU V. S.

14094

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

1. PLACE OF DEATH
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
LENGTH OF STAY (in this place): 23 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: District Training School

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
STREET ADDRESS (If rural, give location): c/o D.T.S., Laurel, Md. (Ft. MeadeRd)

3. NAME OF DECEASED (Type or Print): (First) Hugh (Middle) Gilbert (Last) Barnette, Jr.

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/21/16

9. AGE last birthday: 36 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inmate

10b. KIND OF BUSINESS OR INDUSTRY: –

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hugh G. Barnette, Sr.

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war, or dates of service): No

16. SOCIAL SECURITY NO.: –

17. INFORMANT AND ADDRESS: District Training School, Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval between onset and death: 10 years.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epileptic — Interval: Life

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental Deficiency. — Interval: Life

19a. DATE OF OPERATION: –

19b. MAJOR FINDINGS OF OPERATION: –

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): – PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): – (CITY OR TOWN) – (COUNTY) – (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): – m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? –

22. I hereby certify that I attended the deceased from Oct. 27, 1952, to Dec. 10, 1952, that I last saw the deceased alive on Dec. 10, 1952, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): By Linda Hill D. — ADDRESS: Med. Officer D.T.S. Laurel — DATE SIGNED: 12/10/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: Dec. 10 1952 — NAME OF CEMETERY OR CREMATORY: Wash. D.C. — LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: Dec 10 5 52 — REGISTRAR'S SIGNATURE: Elava M Hasleip

24. FUNERAL DIRECTOR: J. W. Lee & Son Co. — ADDRESS: 300-4th St. N.E.

RECEIVED
JAN 7 1935
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1895

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 [illegible] 51

1. PLACE OF DEATH:
COUNTY anne arundel — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN annapolis — LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS anne arundel general.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY anne arundel.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN edgewater
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Frost Barth.	Dec. 23 1952	male.	white	married	Dec. 7, 1895	57 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
veteran adm.	government	Attica, Indiana	american

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
La Salle Barth	Stella Pettibone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	—	—	Hosp Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) arteriosclerotic coronary disease
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 12-22-52, to 12-23-52, that I last saw the deceased alive on 12-22-52, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Emily H. Wilson	M.D.	Lothian, Md.	12-23-52

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	12/27/52	Washington D.C.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
23	[signature]	W.W. Chambers	1400 Chapin St N.W. Washington D.C.

RECEIVED
DEC 29 1952
U.S.

Items 18,20,21,22-Film G150 1-8-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

12696

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severna Park
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) H (Last) BASSFORD

4. DATE OF DEATH: (Month) Dec. (Day) 29 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): [illegible]

8. DATE OF BIRTH: Dec. 28, 1874

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): truck farmer

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Anne Arundel County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES HENRY BASSFORD

14. MOTHER'S MAIDEN NAME: MARY [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Howard Bassford Son Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Suppurative tracheobronchitis and bronchopneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): due to Cerebral softening due to

(c): Shock from blunt injuries to the head

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Yard

(CITY OR TOWN) (COUNTY) (STATE): Severna Park, A.A. Co., Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 12, 1952 1:05 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Apparently beaten and left lying in yard

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide X, undetermined .*

SIGNATURE: B B Fisher — (Degree or title): Chief Medical Examiner — ADDRESS: 700 Fleet St.-Balto. 2, Md. — DATE SIGNED: 12/30/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-?-53 — NAME OF CEMETERY OR CREMATORY: Christ Church Cemetery — LOCATION (City, town, or county) (State): Owensville, Maryland

DATE REC'D BY LOCAL REG.: Jan. 2, 1953 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR — ADDRESS: Ben I. Hopping and Son Annapolis, Md.

RECEIVED
JAN 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

14697

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

County ..... Anne Arundel

City or town ..... Margate, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, Institution, or street address where death occurred:

.....

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ..... Md. County .....

City or town ..... Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. ..... 4001 Liberty Heights Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war ..... ✓

3. (a) FULL NAME ELIZABETH G. BENNETT

3. (b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband ~~or wife~~ ..... Charles F. Bennett

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1874

8. AGE: Years 78 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace ..... Phila. Pa. (Town, county, and state)

10. Usual occupation ..... Home

11. Industry or business .....

FATHER 12. Name ..... Clemons

13. Birthplace .....

MOTHER 14. Maiden name ..... Unknown

15. Birthplace .....

16. Informant ..... Mrs Geo. Granger

Address .....

17. ..... Burial ..... Date thereof ..... 1/3/53 (month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or ~~Crematory~~ ..... Woodlawn, Cem.

Location ..... Woodlawn, Md.

18. Funeral director ..... Wm J. Tschner & Sons Inc

Address ..... Balto Md

19. ..... 1-2-52 ..... 19 ..... A W Heduck

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH ..... December 31 ..... 19 52 ..... at 10:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... November ..... 19 52 ..... to ..... December 31 ..... 19 52

and that I last saw h[illegible] ..... alive on ..... December 31 ..... 19 52

Immediate cause of death	DURATION
Coronary occlusion	
Due to Arteriosclerotic Cardio-vascular disease	Very long
Due to	
Other conditions	

420.1

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work? .....

23. SIGNATURE ..... Igino Grossi M. D.

M. D. or other

Address ..... Glen Burnie Md. Date signed 12-31-1952

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A 15 9-45

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1953

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie; MARYLAND LENGTH OF STAY (in this place) 2 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Point Pleasant

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS Same (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Francis (Last) Bland.

4. DATE OF DEATH: (Month) Dec. (Day) 8 (Year) 1953

5. SEX: M. | 6. COLOR OR RACE: White | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married. | 8. DATE OF BIRTH: Aug. 5-76 | 9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months; IF UNDER 24 HRS Days, Hour, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Foreman for Pennsylvania | 10b. KIND OF BUSINESS OR INDUSTRY: (Railroad) | 11. BIRTHPLACE (State or foreign country): Washington D.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Bland | 14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY NO.: ? | 17. INFORMANT & ADDRESS: Mrs. Edward R. Bland. (Son)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Arterio-Sclerosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: + 4 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1952, to 12/8/52, 1952, that I last saw the deceased alive on 12/8/52, 19 ., and that death occurred at 11:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Emlade K Faulenhill. ADDRESS Glen Burnie Md. DATE SIGNED 12/9/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 12/11/1952 | NAME OF CEMETERY OR CREMATORY Fr & Olivet | LOCATION (City, town, or county) Woods DC (State)

DATE REC'D BY LOCAL REGISTRAR 12/9/52 | REGISTRAR'S SIGNATURE L. J. Dolle | 24. FUNERAL DIRECTOR Robert A Wattenly | ADDRESS Woods DC

VS. A15

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1[illegible]39

CERTIFICATE OF DEATH

Anne Arundel Maryland Reg. Dist. No. Balto. City

1. PLACE OF DEATH:
COUNTY Crownsville MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1411 W. Lanvale Cts.

3. NAME OF DECEASED: (Type or Print) (First) Willie (Middle) Ann (Last) Bland

4. DATE OF DEATH: (Month) 12 (Day) 25 (Year) 1952

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: unknown

9. AGE last birthday: 70 + ? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife unknown

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Louisiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John B raxton

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: -----

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
Immediate cause (a) Generalized arteriosclerosis. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: Known to us since admission: 4/29/46

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF OPERATION - - - -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) --- PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --- (CITY OR TOWN) --- (COUNTY) --- (STATE) ---

TIME OF INJURY (Month) ----- (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? -----

22. I hereby certify that I attended the deceased from 4/29 ,1946, to 12/25 ,1952, that I last saw the deceased alive on 12/25 ,1952, and that death occurred at 5:55 AM., from the causes and on the date stated above.

SIGNATURE Carl Bruenstein M.D. (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12-31-52 NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem LOCATION (City, town, or county) (State) A. A. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 12/30/52 REGISTRAR'S SIGNATURE A W Hedrick M.D.

24. FUNERAL DIRECTOR Samuel W. Sullivan Jr. ADDRESS 1011 N. Arlington Ave Balto.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Virginia Ave NW

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location) 16 Virginia Ave.

3. NAME OF DECEASED: (First) Hattie (Middle) Estelle (Last) Bowen
4. DATE OF DEATH: (Month) 12 (Day) 16 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 5/30/1892
9. AGE last birthday: 60 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK
10b. KIND OF BUSINESS OR INDUSTRY: BAKERY
11. BIRTHPLACE (State or foreign country): CALVERT CO., MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ROBERT L. PARDOE
14. MOTHER'S MAIDEN NAME: LAURA F. BUCKLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 215-09-7485
17. INFORMANT & ADDRESS: MR. ROBERT JONES 1649 CEDDOX ST

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
15 1/2
Immediate cause (a) Carcinoma Pancreas & Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 2 mos
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10-29-52
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Head of Pancreas & Metastasis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15, 1952, to 12-13, 1952, that I last saw the deceased alive on 12-13, 1952 and that death occurred at 10 P.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
C. S. MacDonald M.D. Glen Burnie, Md 12-16-52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF 12/19/52
NAME OF CEMETERY OR CREMATORY Glen Haven Cem.
LOCATION (City, town, or county) (State) Ritchie Hgwy
DATE REC'D BY LOCAL REG. 12/18/52
REGISTRAR'S SIGNATURE A. W. Hedrich M.D.
24. FUNERAL DIRECTOR ADDRESS John F. Denny, Inc. 715 Light St

-30

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 400 Chester ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 400 Chester Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Bowman

4. DATE OF DEATH: (Month) Dec. (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ?

8. DATE OF BIRTH:

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oyster Shucker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Crisfield Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-05-1733

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) For Advanced Pulmonary Tuberculosis — Interval Between Onset and Death: 6 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 10, 1952, to Dec 2, 1952, that I last saw the deceased alive on Dec 2, 1952, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE: Theodore H. Johnson (Degree or title) M. D. ADDRESS 40 Northwest Street Annapolis, Md DATE SIGNED 12/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation embalmed | DATE THEREOF 12/4/52 | NAME OF CEMETERY OR CREMATORY: Wm. J. Md. Med. Sch. | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 12-12-52 | REGISTRAR'S SIGNATURE French | 24. FUNERAL DIRECTOR: The Anatomy Board of Maryland (Col.) Robt M. Trumpton, Reg. | ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12/ See correspondence with Dr. [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 1102

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Curtis Bay Ordinance Depot Rd. at Railroad Crossing

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) MARVIN (Middle) E. (Last) BURKE

4. DATE OF DEATH: (Month) December (Day) 15, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 21, 1931

9. AGE last birthday: 20 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Marketing Business

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James F. Burke

14. MOTHER'S MAIDEN NAME: Helen Pumphrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Geo. Baker & Sons, F.D., Manassas, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Third and Fourth Degree Burns of 100% of the body

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY railroad — (CITY OR TOWN) Curtis Bay Ordinance Depot Rd. at Railroad — (COUNTY) Anne Arundel — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 12/15/52 2:23 A.m. — INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Crossing Burned in gasoline explosion when truck struck train

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) William [illegible] — ADDRESS: Assistant Medical Examiner, 700 Fleet St., Balto. 2, Md. — DATE SIGNED 12/15/52

23. BURIAL, CREMATION, REMOVAL (Specify): removal — DATE OF BURIAL: 12/16/52 — NAME OF CEMETERY OR CREMATORY: Manassas — LOCATION (City, town, or county) (State): Manassas, Virginia

DATE REC'D BY LOCAL REG. 12/16/52 — REGISTRAR'S SIGNATURE: A. W. Hedrick M.D. ✓

24. FUNERAL DIRECTOR: Wm. Cook, Inc. — ADDRESS: 1217 St. Paul Street

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]103

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A44 2-51

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 716 Monterey Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 416 Monterey Ave

3. NAME OF DECEASED: (Type or Print) (First) HUGH (Middle) EMERT (Last) BURNER

4. DATE OF DEATH: (Month) DECEMBER (Day) 26 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 23, 1876

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprietor

10b. KIND OF BUSINESS OR INDUSTRY: Antique and Furniture Business

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lemuel F. Burner

14. MOTHER'S MAIDEN NAME: Mollie Albert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Bessie Burner Wife same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic Heart Disease — 2 years

DUE TO

(c) Generalized Arteriosclerosis — Several years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 1952, to Dec. 26, 1952, that I last saw the deceased alive on Dec. 25, 1952, and that death occurred at 11.17 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) George C. Bowie M.D. — ADDRESS Annapolis Md — DATE SIGNED 12.29.52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Dec. 29 52 — NAME OF CEMETERY OR CREMATORY Columbia Garden — LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. Dec. 29, 1952 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Ben L. Hopping and Son — ADDRESS Annapolis, Md.

DUPLICATE

Film G150 Item 4dg 1/9/53 mnd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 101

Item 8 & 9: Film G152 3/26/53 dmr

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 3-51

1. PLACE OF DEATH:
COUNTY A.A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Annapolis, Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Md.
STREET ADDRESS (If rural, give location) 49 Bloomsbury Sq.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Clyde (Last) Burroughs

4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: 4/5/1882 1883

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY: A.A. General Hosp.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Jack Flowers Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocardial insufficiency	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic Heart Disease	1 Yr.
	DUE TO (c) Broncho-pneumonia	2 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-29-, 1952, to 12-31-, 1952, that I last saw the deceased alive on 12-31-, 1952, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) James R. Martin M.D. ADDRESS Annapolis, Md. DATE SIGNED 12/31/52

23. BURIAL, CREMATION REMOVAL (Specify): — DATE THEREOF 1/3/53 — NAME OF CEMETERY OR CREMATORY St. Mary's — LOCATION (City, town, or county) (State) Annapolis Md.

DATE REC'D BY LOCAL REG. Jan. 3 1953 — REGISTRAR'S SIGNATURE — **24. FUNERAL DIRECTOR** John M. Taylor & Son — ADDRESS Annapolis, Md.

RECEIVED
JAN 7 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLYN HTS.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 121 E. AUDREY AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLYN HEIGHTS; STREET ADDRESS (If rural, give location) 121 E. AUDREY AVE

3. NAME OF DECEASED (Type or Print): (First) BARBARA (Middle) (Last) BUTKA

4. DATE OF DEATH: (Month) Dec (Day) 20 (Year) 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 10-31-1870

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): BOHEMIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOSEPH VONDRACEK

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: BARBARA ZAHROBSKY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) coronary thrombosis

420 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) myocardial degeneration

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-5, 19 52, to 12-21, 19 52, that I last saw the deceased alive on 12-21, 19 52, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eugene Smith ADDRESS 3904 S. Hanover St. DATE SIGNED 12-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL; DATE THEREOF: 12-24-1952; NAME OF CEMETERY OR CREMATORY: HOLY CROSS M.A. CO; LOCATION (City, town, or county) (State): ANNE ARUNDEL CO.

DATE REC'D BY LOCAL REG. 12/23/52; REGISTRAR'S SIGNATURE A. W. Hedrick M.D.

24. FUNERAL DIRECTOR: FR. CVACH & SON; ADDRESS: 900 N. CHESTER ST

14106

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25 41

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL; MARYLAND; CITY (If outside corporate limits, write RURAL OR give nearest town) OR TOWN BROOKLYN; LENGTH OF STAY (in this place) 9 YRS; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5309 PATRICK HENRY DR.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLYN (25) A.A. CO.; STREET ADDRESS (If rural, give location) 5309 PATRICK HENRY DRIVE

3. NAME OF DECEASED (Type or Print): (First) SADIE (Middle) ELIZABETH (Last) CAMPBELL

4. DATE OF DEATH: (Month) 12 (Day) 7 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 20 JULY, 1895

9. AGE last birthday: 57 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): NEW JERSEY

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: CHANDLER A. DOUD

14. MOTHER'S MAIDEN NAME: UNK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: JOHN G. CAMPBELL — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial infarction — hours?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Heart Disease Mitral Stenosis — years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Oct., 19 52, to 12 Nov, 19 52, that I last saw the deceased alive on 12 Nov 19 52, and that death occurred at 6 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ann D. Davis M.D. ADDRESS 500 + Tuteln Hwy Rd 72 MD Apex — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL; DATE THEREOF 12-9-52; NAME OF CEMETERY OR CREMATORY BALTO. NATIONAL; LOCATION (City, town, or county) (State) BALTO. MD.

DATE REC'D BY LOCAL REG. December 9-1952; REGISTRAR'S SIGNATURE William M Kelly Lola M Whitelock

24. FUNERAL DIRECTOR ADDRESS: Keith Bowie Bradley, Dundalk, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bristol
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bristol
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Edward (Last) Catterton
4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct. 27, 1878
9. AGE last birthday: 74 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tobacco Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Tenant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Catterton
14. MOTHER'S MAIDEN NAME: Madora Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Charles E. Catterton Bristol, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
443X Immediate cause	(a) Acute Congestive Failure	1½ hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive Arteriosclerotic C V Dis	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to Dec 21, 1952, that I last saw the deceased alive on Dec 15, 1952, and that death occurred at 2.30 A.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
R B James M D Upper Marlboro Md 12-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 12/23/52
NAME OF CEMETERY OR CREMATORY Mt. Zion
LOCATION (City, town, or county) (State) Lothian Md.
DATE REC'D BY LOCAL REG. 12/23/52
REGISTRAR'S SIGNATURE H. C. Clayton
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS - Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A 19-51

RECEIVED
DEC 29 1952
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. Severna Park — LENGTH OF STAY (In this place) 1½ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jones Station

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Vernon	Lee	Coates	Dec.	10	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	S - Single	9/28/52	yrs.	2	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Johns Hopkins Hosp. Balto.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Bernard John Coates	Mary Frances Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Mary F. Johnson Jones Station

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute pneumonia	Few hours
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gustave H. Fowler M.D.	Deputy Medical Examiner	Glen Burnie, Md.	12/10/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Dec. 11 52	Carlekers Hill	Jones Station	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 11, 1952	[signature]	J. B. Johnson	Annapolis Md.

19230539

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH 11109

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HANOVER | LENGTH OF STAY (in this place) 6 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20A STONY RUN RD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HANOVER
STREET ADDRESS (If rural, give location) 20A STONY RD ROAD.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) FRANCIS (Last) CONNOR
4. DATE OF DEATH: (Month) 12 (Day) 2 (Year) 1952
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 13 MAY 1889
9. AGE last birthday: 63 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LUMBER MAN
10b. KIND OF BUSINESS OR INDUSTRY: WOOD
11. BIRTHPLACE (State or foreign country): NEW YORK
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOHN CONNOR
14. MOTHER'S MAIDEN NAME: JOHANNA DOWNEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If year, give war or dates of service): 1917
16. SOCIAL SECURITY NO.: 564-4-4316
17. INFORMANT AND ADDRESS: WIFE MARGARET M. CONNOR

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) MYOCARDIAL OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 2 YRS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) ARTERIOSCLEROTIC HEART DISEASE

(c) CACHEXIA, EMPHYSEMA

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. BACK INJURY 1946

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Dec, 1950 to 2 Dec, 1952 that I last saw the deceased alive on 2 Dec, 1952, and that death occurred at 10:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
George E. Gideon M.D. 5608 MAIN ST ELKRIDGE 2 Dec 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Dec 5-52
NAME OF CEMETERY OR CREMATORY: Meadowridge Cem.
LOCATION (City, town, or county) (State): Washington Blvd - Md.

DATE REC'D BY LOCAL REG. 12/4/52
REGISTRAR'S SIGNATURE: A. N. Hedrick M.D.
24. FUNERAL DIRECTOR: Gertrude A. Kenny
ADDRESS: 3646 Carroll Ave.

VS-A (4-52)

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel. STATE MARYLAND. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum. LENGTH OF STAY (in this place) 3 months. HOSPITAL OR INSTITUTION OR STREET ADDRESS 803 - E. Fort meade Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ..... COUNTY ..... CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ..... STREET ADDRESS ..... (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Conrad (Last) Cook

4. DATE OF DEATH: (Month) (Day) (Year) 12/22/52 19

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed.

8. DATE OF BIRTH: 12/10/89

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Automatic salesman

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Ivy - Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Cook

14. MOTHER'S MAIDEN NAME: Anne Haynes.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 224-07-1883

17. INFORMANT AND ADDRESS: Mrs. A. M. R. Wilson (sister) Ivy, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

976 Immediate cause (a) Cerebral hemorrhage due to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) self-inflicted wound - with a

(c) 32 caliber bullet.

INTERVAL BETWEEN ONSET AND DEATH: (a) ..... (b) sudden (c) .....

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — 10 years

19a. DATE OF OPERATION: .....

19b. MAJOR FINDINGS OF OPERATION: .....

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home. (CITY OR TOWN) Linthicum, Md. (COUNTY) A.A. (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 12/22/52 8:45 A.M. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Self-inflicted wound with a pistol.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: Samuel A. Fowler M.D. (Degree or title) Dep. Chief Medical Examiner ADDRESS: Glen Burnie, Md. DATE SIGNED: 12/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal. DATE THEREOF: 12/22/52. NAME OF CEMETERY OR CREMATORY: ..... LOCATION (City, town, or county) (State): Charlottesville, Va.

DATE REC'D BY LOCAL REG. 12/24/52. REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: W. M. Tucker & Sons ADDRESS: Baltimore, Md.

14111

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (In this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 50

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Stephen	Burton	Cox	12	11	52

5. SEX	6. COLOR OR RACE	7. SINGLE, ~~MARRIED~~, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White	Single	8/11/52		4	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Office		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Paul Cox	Violet Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Paul Cox (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute pneumonia, bilateral	2 days.
5272 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
per telephone H. Tiemann Jeff	Deputy Medical Examiner		12/11/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-12-52	Episcopal Cemetery	Bowie, Prince George, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 12, 1952	K-M.	B. F. Hopping & Son	Annapolis, Md.

12-27-52 12×22440

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH 1412

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn
LENGTH OF STAY (In this place) Few months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1/2 mile N. of New Burnie, Route 301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 112 W. Conway St

3. NAME OF DECEASED (Type or Print): (First) James (Middle) C. (Last) Cross
4. DATE OF DEATH (Month) Dec. (Day) 14 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) married
8. DATE OF BIRTH 8/11/1913
9. AGE last birthday 39 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Scale Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Fed. Scale Co
11. BIRTHPLACE (State or foreign country) Pennsboro W. Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wm F. Cross
14. MOTHER'S MAIDEN NAME Verna B. Bonner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Faye Cross 112 W. Conway St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Comminuted fractures of both legs. - Lacerations of scalp and mouth.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) legs. of left thumb.
(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) (b) sudden

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 301
(CITY OR TOWN) Severn (COUNTY) Anne Arundel (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 12/14/52 - 11:30 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Collision (automobile)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. Estrue Paul M.D. Deputy Medical Examiner Laurel, Md. 12/19/52

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 12/22/52
NAME OF CEMETERY OR ~~CREMATORY~~ Western
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. December 20, 1952
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS 1212 Pa. Ave.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1113

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jewell
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Aa
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jewell Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Wm (Middle) E (Last) Dare

4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 1952

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M | 8. DATE OF BIRTH: Oct 19 91 | 9. AGE last birthday: yrs. | IF UNDER 1 YEAR: Months 2 Days 19 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jewell Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Dare

14. MOTHER'S MAIDEN NAME: Ella Mae Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Edward Dare

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Bronchial Pneumonia — Interval Between Onset And Death: 3 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19 ..... , to ..... , 19 ..... , that I last saw the deceased alive on ..... , 19 ..... , and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE Edward Irwin (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 12-30-52 | NAME OF CEMETERY OR CREMATORY Halls Creek | LOCATION (City, town, or county) (State): Calvert, Md | ADDRESS

DATE REC'D BY LOCAL REGISTRAR 12-30-52 | REGISTRAR'S SIGNATURE N. W. Ward | 24. FUNERAL DIRECTOR P. E. Sewell Prince Frederick, Md.

12/31 W. R. Clayton Lothian Md

2002161405

I did not issue a burial permit for
this child
H. H. Ward did I would suppose.

H. K. Clayton.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS DISTRICT TRAINING SCHOOL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON, D. C.; STREET ADDRESS (If rural, give location) 421 EYE ST., S. E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARIAN	NONE	DAVIS	12	28	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	NEGRO	SINGLE	2-20-21	31 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Inmate	None	Washington, D. C.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Henry Davis	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Records D.T.S., Laurel, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho-pneumonia Bilateral	48 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congenital malformation of spine	Life
	(c) Mental deficiency (low grade idiot)	Life

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-15, 1949, to 12-28, 1952, that I last saw the deceased alive on 12-28-, 1952, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

B. Davis M.D. Medical Officer, District Training School, Laurel, Md. 12-29-52

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	12-31-52	Woodlawn	Washington	D C

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 29-52	Clara M Nash	Eugene Jones Ford	#346

RECEIVED
JAN 7 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (In this place) 6 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS 46 Eagle Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A. A. Co.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Parole, Md.; STREET ADDRESS (If rural, give location) 46 Parole Street

3. NAME OF DECEASED (Type or Print): (First) Hobday (Middle) Early (Last) Hovey

4. DATE OF DEATH: (Month) Dec (Day) 14 (Year) 1952

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)

8. DATE OF BIRTH: March 2, 1879

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker

10b. KIND OF BUSINESS OR INDUSTRY: Cemetery

11. BIRTHPLACE (State or foreign country): Campbell Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Newton Hovey

14. MOTHER'S MAIDEN NAME: Ida Bridges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-16-1673

17. INFORMANT AND ADDRESS: Lydia Hovey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Disease

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1952, to Dec 14, 1952, that I last saw the deceased alive on Dec 14, 1952, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

SIGNATURE: M. K. Willoughby (Degree or title) M.D. ADDRESS: Lemmon Bldg. DATE SIGNED: 12-15-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF: 12-18-1952

NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery

LOCATION (City, town, or county) (State): Chesterfield, Md.

DATE REC'D BY LOCAL REG.: Dec. 15 1952

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Wm. Reed & Son ADDRESS: 108 W. Washington St Annapolis, Maryland.

Item 18 Film C150 1-9-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

1116

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY A.A.Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodland Beach | LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodland Beach
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Elmer. (Middle) F. (Last) Dove.

4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 19 52

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S. | 8. DATE OF BIRTH: Oct 30 1937 | 9. AGE last birthday: 15 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Annapolis Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Everett Dove | 14. MOTHER'S MAIDEN NAME: Bernice Ennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Everett Dove, Box

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

500X **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c) due to:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death b) acute Bronchitis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Home | (CITY OR TOWN) Annapolis | (COUNTY) A.A.Co | (STATE) Md

TIME OF INJURY (Month) 12 (Day) 31 (Year) 52 (Hour) 10 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) MD ADDRESS: Annapolis, Md DATE SIGNED: 12-31-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Jan 1, 1953 | NAME OF CEMETERY OR CREMATORY: [illegible] | LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG. Dec 31, 1952 | REGISTRAR'S SIGNATURE: Edward Collemon | 24. FUNERAL DIRECTOR | ADDRESS

2002181405

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18. 11

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V.S. A.D. 8-51

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riva

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
MAUD	H	DUNLOP	DEC. 15 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	Jan 31, 1885	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House wife	own home	Ill	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
-- --	none	Mrs Harold T. Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) coronary occlusion	1/4 hr
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) arteriosclerotic heart disease	10 yrs
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Jan, 19 51, to Dec 15, 1952, that I last saw the deceased alive on Dec 15, 19 52, and that death occurred at 7.05 a m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
J Bosmick M.D		Annapolis Md	12/16/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	12-18-52	Fort Lincoln Crematory	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 17, 1952	H. W. Brooks	B.L. Hopping and Son	Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Arnold — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Augusta (Middle) Pauline (Last) Eaton

4. DATE OF DEATH: (Month) (Day) (Year) 12-20-1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (write)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	3-29-1884	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: Home wife

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christian Mayer

14. MOTHER'S MAIDEN NAME: Flora Flayer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Samuel P. Eaton Arnold Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4454

Immediate cause (a) Hypertensive Cardio-Vascular

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Disease, unknown

DUE TO

(c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: (a) Several years. (b) Years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chr. Arthritis 10 years.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 4, 1947, to Dec 20, 1952, that I last saw the deceased alive on Dec 20, 1952, and that death occurred at 1-P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

George C Roie M.D Annapolis Md 12-23-52

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF Dec 24 52 NAME OF CEMETERY OR CREMATORY Glen Haven Memorial LOCATION (City, town, or county) Glen Burnie (State) Md

DATE REC'D BY LOCAL REG. Dec. 24, 1952 REGISTRAR'S SIGNATURE W. T. French

24. FUNERAL DIRECTOR ADDRESS John W. Taylor Sons Annapolis Md.

VS/AD 8-51

RECEIVED
DEC 29

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1111?

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport
STREET ADDRESS (If rural, give location) 101 Severn Ave

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) C. (Last) Ellers

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: May 29th 1874

9. AGE last birthday: 78 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Goss

14. MOTHER'S MAIDEN NAME: Anne C. Gerker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Robert Ellers Eastport Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Arteriosclerotic Heart disease — Interval between onset and death: 3 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Generalized Arteriosclerosis — Interval: Unknown yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Varicose ulcers — Interval: Unknown yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 29, 19 52, to Dec 6, 19 52, that I last saw the deceased alive on Dec 6, 19 52, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Hugh C Bair M.D. Annapolis Md — 12-7-52

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF 12-8-52 — NAME OF CEMETERY OR CREMATORY Western — LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. Dec. 8 1952 — REGISTRAR'S SIGNATURE C.W. — 24. FUNERAL DIRECTOR John M. Taylor Sons — ADDRESS Annapolis Md

Items 13, 14: Film G150 1-21-53 L

Film G149-Stewart

Was 22nd Film G150-1-21-53

11120

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore (Anne Arundel) MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nr. Brooklyn | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS 167 Meadow Rd. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) W. (Last) EVANS
4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Mar.
8. DATE OF BIRTH: 7-13-09
9. AGE last birthday: 43 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman
10b. KIND OF BUSINESS OR INDUSTRY: Merchant Mar.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Fam. ?- Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

853X Immediate cause (a) Fracture dislocation of 1st cervical vertebra

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Myocardial fibrosis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE OF INJURY: Home, farm, factory, street otherwise, etc. | CITY OR TOWN | (COUNTY) | (STATE)
Aboard Ship B.S. Santore in Chesapeake Bay, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 12-22-52 m. | INJURY OCCURRED: While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Presumably fell off hatch cover.

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: William W. Evans (Degree or title) | ADDRESS: Ass't. Medical Examiner-700 Fleet St.-Balto.2,Md. | DATE SIGNED: 12/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: 12-24-52 | NAME OF CEMETERY OR CREMATORY: Cedar Lee | LOCATION (City, town, or county) (State): Dallas.

DATE RECD BY LOCAL REG.: 12-24-52 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: [illegible] | ADDRESS: 100 E. Fort Ave.

Amer.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

14121

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A.A. Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Magathy MANOR — LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Arnold Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold Md
STREET ADDRESS (If rural give location) Magathy MANOR

3. NAME OF DECEASED (Type or Print): (First) BERNICE (Middle) E. (Last) FEUCHTENBERGER

4. DATE OF DEATH: (Month) IV. (Day) 30 (Year) 19 52

5. SEX: FEMALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Aug 25 1881

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CHARLES ETTINGER

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: JOS R. FEUCHTENBERGER - Arnold Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to Dec. 30, 1952, that I last saw the deceased alive on Dec 30, 1952 and that death occurred at 17 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. Robillard M.D. ADDRESS Severna Park Md DATE SIGNED 12 30 52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF Jan 1, 1953 — NAME OF CEMETERY OR CREMATORY GLENHAVEN — LOCATION (City, town, or county) (State) Balto Co Md

DATE REC'D BY LOCAL REG. 12/31/52 — REGISTRAR'S SIGNATURE A. Frederick M.D.

24. FUNERAL DIRECTOR 1044 C.B.M. Waeltz — ADDRESS Pratt & Stricker St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1127

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Annapolis; MARYLAND LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Weems Creek; STREET ADDRESS (If rural give location) RFD # 4 Annapolis, Md.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) C (Last) FOWLER

4. DATE OF DEATH: (Month) DEC. (Day) 18, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 8, 1885

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mgr.

10b. KIND OF BUSINESS OR INDUSTRY: Contract Taylor Shop

11. BIRTHPLACE (State or foreign country): Lower Malboro, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHARLES FOWLER

14. MOTHER'S MAIDEN NAME: MARGARET JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 214-05-0074

17. INFORMANT & ADDRESS: Mr. George B. Fowler Son same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Myocardial Infarction — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — 2 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-10-1952 to 12-18-1952 that I last saw the deceased alive on 12-18 1952, and that death occurred at 2.38 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) James R. Martin M.D. ADDRESS Annapolis, Md. DATE SIGNED 12-20-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 12-21-52; NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemetery; LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REGISTRAR Dec. 20, 1952; REGISTRAR'S SIGNATURE R.W.; 24. FUNERAL DIRECTOR ADDRESS Ben L. Hopping and Son Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]12

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A11 8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riva
STREET ADDRESS (If rural, give location): Sylvian Shore

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) George (Last) GODDARD BOY

4. DATE OF DEATH: (Month) DECEMBER (Day) 29 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Dec. 29, 1952

9. AGE last birthday: 0 yrs. — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 4, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ———

10b. KIND OF BUSINESS OR INDUSTRY: ———

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Goddard

14. MOTHER'S MAIDEN NAME: Dorothy Starlings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): ——— (If Yes, give war or dates of service) ———

16. SOCIAL SECURITY No.: ———

17. INFORMANT & ADDRESS: Mr Edward Goddard Father same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

537.2
Immediate cause (a) Pulmonary edema (acute) DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 4 hours

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 hours 19....., to 5 P. 19....., that I last saw the deceased alive on Dec. 29, 19 52, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

George C. Basil M. D. Annapolis Md 12-30-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 12-30-52 — NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery — LOCATION (City, town, or county) (State) Annapolis, Md.

DATE REC'D BY LOCAL REG. Dec. 31, 1952 — REGISTRAR'S SIGNATURE W. Brench

24. FUNERAL DIRECTOR Ben L. Hopping and Son — ADDRESS Annapolis, Md.

22423543 24

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4121

CERTIFICATE OF DEATH

Reg. Dist. No.....

Item 8 & 9: Telephone Call-Funeral Director-12/22/52 dmr.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.....

BIRTH NO AAC, Md

1. NAME OF DECEASED (Type or Print): ROBERT M. COUTOULIN

2. DATE OF DEATH: DEC. 20, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ROUTE #1 MARLEY NECK
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: A.A. Co.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ROUTE #1 MARLEY NECK
D. STREET ADDRESS (If rural, give location)

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: FEB. 25, 1880
9. AGE (In years last birthday): 72 — If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BOAT BUILDER
10B. KIND OF BUSINESS OR INDUSTRY: COAST GUARD
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. KATHERINE KLEIN — ADDRESS: SAME

CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic C.V. disease — 1 yr.
DUE TO
422.1 ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

22. *I hereby certify that I attended the deceased from* Oct, 1949, *to* Dec 20, 1952, *that I last saw the deceased alive on* Dec 20, 1952, *and that death occurred at* 7:45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Jeffrey M. Pehlert, M. D.
23B. ADDRESS: 4720 Fleming Ave Cat
23C. DATE SIGNED: Dec 20 1952

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/23/52
24C. NAME OF CEMETERY OR CREMATORY: CEDAR HILL
24D. LOCATION (City, town, or county) (State): H.A. Co., MD.

DATE RECEIVED BY LOCAL REGISTRAR: 12/22/52
REGISTRAR'S SIGNATURE: R.W. Hedrick
25. FUNERAL DIRECTOR: JOHN F. DENNY, INC.
ADDRESS: 715 LIGHT ST. BALTO, 30, MD.

VS 150

PLEASE WRITE IN UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

VS-A14-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1125

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 4m. + 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millersfield, Md.
STREET ADDRESS (If rural give location) 108 S Fourth Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Alonzo (Middle) O (Last) Gray
4. DATE OF DEATH: (Month) December (Day) 24th (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last Birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	[illegible]	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor	Concrete construction	Va	

13. FATHER'S NAME: Allen Gray
14. MOTHER'S MAIDEN NAME: Rosa Pollard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		—	Mrs. Alonzo Gray Crofield Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH—

		Interval Between Onset And Death
Immediate cause	(a) Generalized Arteriosclerosis	[illegible]
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

452.0

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from August 20, 1952, to December 24, 1952, that I last saw the deceased alive on Dec. 24th, 1952 and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm. Hampton M.D.			

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 28, 1952	Tawesa Cemetery	Crofield, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 25, 1952 Jan 3 - 53	K. M.	Blackshaw Funeral Parlors	531 W. Main St. - Crofield, Md.

VS. A15 7

RECEIVED
JAN 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible] 126

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Alvin (Last) Hardesty

4. DATE OF DEATH: (Month) 12 (Day) 7 (Year) 19 52

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: January 11th 1886 | 9. AGE last birthday: 66 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Funeral Director | 10b. KIND OF BUSINESS OR INDUSTRY: Funeral work | 11. BIRTHPLACE (State or foreign country): Sudley A A Co Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Oliver Hardesty | 14. MOTHER'S MAIDEN NAME: Martha B. Crandall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: - | 17. INFORMANT & ADDRESS: Bernard Hardesty West River Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Arteriosclerotic Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 19 40 to Dec. 7 19 52 that I last saw the deceased alive on Dec. 7, 19 52, and that death occurred at 10 00 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
[signature] Annapolis, Md. 12/9/52

23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF 12-9-52 | NAME OF CEMETERY OR CREMATORY Friends Burial Grounds | LOCATION (City, town, or county) West River | (State) Md

DATE REC'D BY LOCAL REG. Dec. 9, 1952 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR John M. Sayles Sons | ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

Items 18&22 Film G150 1-21-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11127

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Best Gate, Md Nr Annapolis
STREET ADDRESS (If rural, give location) Best Gate Nr Annapolis, Md

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Harried (Last)

4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 1952

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11/20/1914

9. AGE last birthday: 38 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Mayo, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Franklin Naylor

14. MOTHER'S MAIDEN NAME: Margret Greek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Margret Creek - Mayo, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

981X **Immediate cause** (a) Gunshot wound of the chest and abdomen with early acute peritonitis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Syncope during anesthesia

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide X, undetermined ☐.*

SIGNATURE: William U. Gourley (Degree or title) MD ADDRESS: Asst Medical Examiner Maryland DATE SIGNED: 12-28-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12-30-52 | NAME OF CEMETERY OR CREMATORY: Hope's Chapel | LOCATION (City, town, or county) (State): Owensville, Md.

DATE REC'D BY LOCAL REG.: Dec. 29, 1952 | REGISTRAR'S SIGNATURE: [illegible] U. Gourley

24. FUNERAL DIRECTOR: Ethel L. Hicks | ADDRESS: 45 Northwest St. Annapolis

VS. A15A

14128

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] LENGTH OF STAY (In this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) H (Last) [illegible]

4. DATE OF DEATH: (Month) 12 (Day) 22 (Year) 52 19

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 5/25/98

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: Riggs - Distler Co

11. BIRTHPLACE (State or foreign country): [illegible] Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Martin [illegible]

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): [illegible]

16. SOCIAL SECURITY No.: 213-07-1730

17. INFORMANT AND ADDRESS: Mrs. Emily W. Cook [illegible]

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Occlusion	[illegible]
420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] 12/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/26/52 | NAME OF CEMETERY OR CREMATORY: Glen Haven | LOCATION (City, town, or county) (State): A. A. Co. Md.

DATE REC'D BY LOCAL REG. 12/23/52 | REGISTRAR'S SIGNATURE: A. W. Hedrick M.D. | 24. FUNERAL DIRECTOR ADDRESS: Wm Cook Inc. 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

[illegible] 12-1

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A.A.Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 208 Clay STREET

3. NAME OF DECEASED (Type or Print): (First) Ceecelia (Middle) Addison (Last) Holland
4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 4-12-[illegible]
9. AGE last birthday: 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Womestic
11. BIRTHPLACE (State or foreign country): Annapolis, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Lewis Travers
14. MOTHER'S MAIDEN NAME: Maria ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Alphonse C. Addison - 206 Clay St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinomatosis, due to	1 ± yr.
1517 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Stomach	1 ± yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/11/, 1952, to 12/18/1952, that I last saw the deceased alive on 12/18/, 1952, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Fraul M. Shipley, M.D. 63 College Ave. Annapolis, 12/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 12-22-52
NAME OF CEMETERY OR CREMATORY: St-Mary's Cemetery
LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REG.: Dec. 22, 1952
REGISTRAR'S SIGNATURE: [illegible] D. [illegible]
24. FUNERAL DIRECTOR: Wm. Reese & 108 W. Washington St. Annapolis, Maryland
ADDRESS

DEC 2 9 1952

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1 (T)

1. PLACE OF DEATH: COUNTY Anne Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie — LENGTH OF STAY (In this place) 39 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dorsey Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Hayward (Middle) Calvin (Last) Howard.
4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 1952
5. SEX: Male.
6. COLOR OR RACE: Colored.
7. SINGLE, ~~MARRIED~~, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 11/24/52
9. AGE last birthday: yrs. — If under 1 year: Months 1 — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Glen Burnie, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Columbus B. Howard
14. MOTHER'S MAIDEN NAME: Bessie Riley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Columbus B. Howard, Glen Burnie.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute pneumonia infection — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

Russell K. Prechtel M.D. Medical Examiner Glen Burnie, Md. 12-31-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Dec 31-52 — NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem — LOCATION (City, town, or county) (State) A.A. Co. Md.

DATE RECD BY LOCAL REG. 1/2/53 — REGISTRAR'S SIGNATURE H. W. Hedrick — 24. FUNERAL DIRECTOR Hammond Hayes — ADDRESS 638 N. Gay St.

40X233177V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 1131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN South of Arnold; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. 2-south of Arnold

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 67 N. West Street

3. NAME OF DECEASED (Type or Print): (First) VERNALD (Middle) K. (Last) JACOB, JR.
4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 6, 1924
9. AGE last birthday: 28 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alexander Vernard Jacobs
14. MOTHER'S MAIDEN NAME: Jaunita Hepburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war, or dates of service): W.W.II
16. SOCIAL SECURITY NO.: 216-14-4458
17. INFORMANT AND ADDRESS: Alexander Vernard Jacobs Anna, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) A. Fracture of skull
(a) B. Subdural hemorrhage
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) C. Contusion of brain
(b) D. ~~Fracture of left humerus~~
(c) E. Fracture of pelvis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING _ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: highway
(CITY OR TOWN) (COUNTY) (STATE): Rt.2, South of Arnold-Anne Arundel-Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 6, 1952 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Stopped & got out of car, struck by another aut[illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection _, Inquiry _ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes _, accident X, suicide _, homicide _, undetermined _.*

SIGNATURE: William H Smith (Degree or title): Ass't. Medical Examiner ADDRESS: 700 Fleet St.-Balto.2,Md. DATE SIGNED: 12-6-52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial
DATE THEREOF: Dec.9,1952
NAME OF CEMETERY OR CREMATORY: Annapolis, National
LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG: 12/8/52
REGISTRAR'S SIGNATURE: Arl. Hodnett
24. FUNERAL DIRECTOR: Wm Keene & ADDRESS: 108 W. Washington street Annapolis, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14132

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 600 Second Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Anne Arundel COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 600 Second Street

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) (Last) Jones

4. DATE OF DEATH (Month) (Day) (Year) 12/9/1952 19

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE last birthday yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel Jones

14. MOTHER'S MAIDEN NAME Sarah Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancerous Lung — Interval between onset and death: about 13 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 12-8-52, 19....., and that death occurred at 5:10 P.M., from the causes and on the date stated above.

SIGNATURE C. T. Allen (Degree or title) M D ADDRESS 10 Carroll DATE SIGNED 12-11-52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. Dec. 12, 1952 | REGISTRAR'S SIGNATURE [illegible] B.W.

24. FUNERAL DIRECTOR ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1047

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pines on the Severn
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) Glanville (Last) Kelly

4. DATE OF DEATH: (Month) (Day) (Year) 12 - 24 - 1952

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: June 4-1872

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse

10b. KIND OF BUSINESS OR INDUSTRY: House wife

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Stegerwald

14. MOTHER'S MAIDEN NAME: Nancy Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a) Ac. Ulcerative Colitis, Cause undetermined		3 Mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Perforated large bowel c-		
	(c) DUE TO generalized peritonitis		10 days.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/16, 1952, to 12/24, 1952, that I last saw the deceased alive on 12/23, 1952, and that death occurred at 5.35 A. m., from the causes and on the date stated above.

SIGNATURE Maurice K Lewis, MD (DEGREE OR TITLE) ADDRESS Annapolis Md DATE SIGNED 12/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 12/26/52 — NAME OF CEMETERY OR CREMATORY Hillcrest — LOCATION (City, town, or county) (State) Annapolis, Md.

DATE REC'D BY LOCAL REG. Dec. 25, 1952 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR John M. Taylor & Son — ADDRESS Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1113

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Annapolis — LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Homewood Convl. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Anne Arunde

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Churchton

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): MARGARET A. KETTLEY

4. DATE OF DEATH: (Month) (Day) (Year): Dec. 26, 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	March 10, 1878	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Gov. Employee	Book Binder	New York City, N.Y.	USA

13. FATHER'S NAME: Daniel Kennedy

14. MOTHER'S MAIDEN NAME: Mary Kelerlane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	None	Mr John O. Blatcher, Arlington, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
33/X Immediate cause	(a) Cerebral Vascular Accident	2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cerebral Vascular Accident	
	DUE TO (c) rt-hemiplegia	20 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Jan., 1952, to 12/26, 1952, that I last saw the deceased alive on 12/17, 1952, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: Frank M Shipley M.D. Annapolis — DATE SIGNED: 12/27/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	30, 1952	St. Mary's Cemetery	Annapolis, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 29 1952.	J. O. Blatcher	Ben L. Hopping and Son	Annapolis Md.

VS-A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 1131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY B.A.Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sherwood Forest | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Aa.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sherwood Forest
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CARL.	James.	Kirby	12	7	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M.	W.	M.	July 17-1888	64 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
EXECUTIVE	Life Insurance.	VIRGINIA	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HEALH KIRBY	NANCY McKNIGHT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
UNK	215-01-0324	FOLA P. KIRBY SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Disease

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Sherwood Forest	BAlo	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☑	HOW DID INJURY OCCUR?
12	7	52	m.			

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection ✓, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident __, suicide __, homicide __, undetermined __.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Ambrust	MD.	Annapolis Md	12/7/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	12-10-1952	MORELAND MEMORIAL	BALTO. Co	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/9/52	H.W. Redmond M.D.	H.W. JENKINS & SONS CO.	4905 YORK RD BALTO., MD

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. Pasadena | LENGTH OF STAY (In this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bel Haven Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Theodore (Middle) (Last) Kloss
4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 52 19

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: 2/15/89 | 9. AGE last birthday: 63 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maritime Engineer. | 10b. KIND OF BUSINESS OR INDUSTRY: Ocean Going Vessels | 11. BIRTHPLACE (State or foreign country): Austria | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? UNKNOWN | 14. MOTHER'S MAIDEN NAME: ? UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No | 16. SOCIAL SECURITY No. 187-03-7495 | 17. INFORMANT AND ADDRESS Mrs. Ella Kloss (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Internal hemorrhage due

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) to self-inflicted wound - with — suddenly

(c) 22 gauge rifle bullet.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — +2 y

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Belhaven Beach, Pasadena, A.A. (COUNTY) (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 12 - 21 - 52 (7 p.m.) | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Self inflicted wound - c - 22 gauge rifle bullet

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gustav K. Faulbert M.D. Deputy Medical Examiner Glen Burnie Md 12/21/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12-23-52 | NAME OF CEMETERY OR CREMATORY Glen Haven | LOCATION (City, town, or county) Glen Burnie, A.A. (State) Md.

DATE REC'D BY LOCAL REG. 12/23/52 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR R. V. Singleton | ADDRESS (Glen Burnie)

DEC
U.S.

Form B149 - Items 8+9

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

4136

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY A.A. MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Brooklyn

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD. COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn

STREET ADDRESS (If rural give location) 111 9th Ave

~~Baird~~

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
William	W.	LaBarre	12	6	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M.	W	M	6-11-75	77 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Barber	Self.	MD.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
? unknown	? unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Family - Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension & myocardial disease DUE TO

(c)

Interval Between Onset And Death

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-6, 1952, to 12-6, 1952, that I last saw the deceased alive on 12-6, 1952, and that death occurred at 2:30 PM - 12-8-52, from the causes and on the date stated above.

SIGNATURE Eugene Levitan (Degree or title) ADDRESS 3904 Seton Ave DATE SIGNED 12-10-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-11-52	Western	Balto	

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/11/52	Fred. Pehnke	Fred. Lehnert	1130 E. Fort Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4137

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G Meade
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
STREET ADDRESS (If rural give location) -- %E.A. Dixon ✓

3. NAME OF DECEASED: (Type or Print) (First) Judith (Middle) Ann (Last) Layman

4. DATE OF DEATH: (Month) December (Day) 30 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant

8. DATE OF BIRTH: 30 December 52

9. AGE Last birthday: IF UNDER 1 YEAR / IF UNDER 24 HRS.
yrs. | Months | Days | Hours | Min. 56

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): -

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lester Paul Layman

14. MOTHER'S MAIDEN NAME: Vera Mae Ryan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) -

16. SOCIAL SECURITY No.: -

17. INFORMANT & ADDRESS: Lester P Layman, Savage, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Congenital eversination of bowel & small bowel DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Umbilical hernia, large DUE TO

(c) Abscure (Congenital) of Cord

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - (CITY OR TOWN) - (COUNTY) - (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. -

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 30 Dec, 1952, to 30 Dec, 1952, that I last saw the deceased alive on 30 Dec, 1952, and that death occurred at 0625, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph L Sheehan Capt MC Ft Geo G Meade, Md 30 Dec 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 31 Dec 1952 — NAME OF CEMETERY OR CREMATORY Post Cemetary — LOCATION (City, town, or county) (State) Ft Geo G Meade Maryland

DATE REC'D BY LOCAL REGISTRAR 30 Dec 1952

REGISTRAR'S SIGNATURE Arthur J Gombosh Capt MSC

24. FUNERAL DIRECTOR — ADDRESS HIRAM W TROSTEL Capt (Chap) Ch C

20V2211364

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11137

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis

LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis

STREET ADDRESS (If rural, give location): 2060 West Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
ROBERT	SMITH	LAYNE	December 9 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	August 11, 1902	50 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Linesman	Gas & Elect. Co.	Virginia	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles W. Layne	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	no	212-05-5883	Mrs Edith E. Layne ---Wife- same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

420

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
12-9-52	Repair Ventral Hernia	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Nov, 19 50, to Dec, 19 52, that I last saw the deceased alive on 12/7/, 19 52, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

G Rinehardt MD Annapolis Md 12-10-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-12-52	Hillcrest Cemetery	Annapolis, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 12, 1952	J. W. Oswald	Ben L. Hopping and Son	Annapolis, Md.

Stmt #4 - Talen 6149
12/[illegible] mng
Stmt #546 Talen 5150
1/16/53, mnk.

1415

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH:

COUNTY AA Co. | MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cape Anne | LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY AA Co.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cape Anne.

STREET ADDRESS (If rural, give location) Churchton Md.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Arthur McMahon Lowell	Dec 3 19 52	Male	White	Married	Feb 27 1874	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Civil Service	Treasury Dept Govt.	Virginia	USA.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Lowell.	Catherine Price.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	—	—	James W. Lowell, Churchton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
332 Immediate cause	(a) Cerebral Thrombosis	12 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO generalized arteriosclerosis	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 6-25 1951, to 12-2 1952, that I last saw the deceased alive on 12-2 1952, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Brook Lunn Grant	M.D.	Shady Side, Md.	12-3-52.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-5-52	Fort Lincoln	Prince Geo. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/3/52	H.A. Carter	W K. Huntemann & Son	5732 Ga Ave Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-1 8-51

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14140

Reg. Dist. No. ..

1. PLACE OF DEATH:
COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
MARYLAND LENGTH OF STAY (in this place) 10 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Betson Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
STREET ADDRESS Betson Ave. (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Salome (Middle) Jaquetta (Last) Lyman

4. DATE OF DEATH: (Month) Dec (Day) 9 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec. 17, 1870

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework (at)

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Darlynn Dongland

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Bertha M. Frances

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

15 EX

Immediate cause (a) Carcinoma Colon — Interval Between Onset And Death: 1 Year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Secondary Hemorrhage — 1 month

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20 -, 1952, to Dec 1 -, 1952 that I last saw the deceased alive on Dec 1 - 52, and that death occurred at 9.30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) D.M. Kelley M.D. ADDRESS Odenton Md DATE SIGNED Dec 2-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec. 6, 1952

NAME OF CEMETERY OR CREMATORY Manhattan Cem.

LOCATION (City, town, or county) (State) Manhattan, Kansas.

DATE RECD BY LOCAL REGISTRAR 12/2/52

REGISTRAR'S SIGNATURE L. J. Dellabaugh

24. FUNERAL DIRECTOR R V Singleton

ADDRESS Glen Burnie, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14141

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY A.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Forest Glen

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasedena
STREET ADDRESS (If rural, give location) Forest Glen

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Marsh
4. DATE OF DEATH: (Month) 12 (Day) 25 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1/6/ 1867
9. AGE last birthday: 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): coal miner retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Johnstown Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Marsh
14. MOTHER'S MAIDEN NAME: Heady Wissinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Chleo Griffith Pasadena Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	1 day
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio Vascular Illness	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1950, to Dec 25, 1952, that I last saw the deceased alive on Dec. 20, 1952, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

SIGNATURE: J. Brady Smith (Degree or title) M.D. ADDRESS: Riviera Beach, Md. DATE SIGNED: 12/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: 12/25/52
NAME OF CEMETERY OR CREMATORY: Grand View
LOCATION (City, town, or county) (State): Westmont, Pa.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE: C. W. Bedrick
24. FUNERAL DIRECTOR: Wm. J. Lechner & Son ADDRESS: North & Calvert Balt 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1428

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville

LENGTH OF STAY (in this place): 32 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Prince George's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood

STREET ADDRESS (If rural, give location): 4534 41st Ave.,

3. NAME OF DECEASED: (First) Wright (Middle) (Last) Matthews

4. DATE OF DEATH: (Month) 12 (Day) 15 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 5/27/77

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Matthews

14. MOTHER'S MAIDEN NAME: Elizabeth (last name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) Unk.

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Arteriosclerosis — Known to us since 11/13/52

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Cerebral Arteriosclerosis Known to us since 11/13/52

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/13/52, 19..., to 12/15, 19 52; that I last saw the deceased alive on 12/15, 1952, and that death occurred at 12:46 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: Crownsville, Md. DATE SIGNED: 12/15/52

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 12- NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 12-16 52 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR H. S. Washington & Son ADDRESS 467 N St. N.W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14143

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15 (Rev. 8-51)

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Long Point Pasadena P.O. — LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1, Box 171

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Long Point (Pasadena P.O.)
STREET ADDRESS (If rural, give location) Route 1, Box 171

3. NAME OF DECEASED: (Type or Print) (First) Alyce (Middle) Lee (Last) McLonigal

4. DATE OF DEATH: (Month) Dec. (Day) 17, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 31, 1882

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework (Wife)

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph T. Mitchell

14. MOTHER'S MAIDEN NAME: Mary Ellen Sekwanty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: James A. McLonigal - Long Point (Pasadena P.O.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	15 mins.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Congestive Heart Failure	2 years
	DUE TO (c) Coronary insufficiency	2 years

42 y.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1952, to Dec. 17, 1952, that I last saw the deceased alive on Dec. 16, 1952, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
R. M. McLaughlin M.D. Pasadena, Md. Dec. 17, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12-20-52 — NAME OF CEMETERY OR CREMATORY Glen Haven — LOCATION (City, town, or county) (State) Glen Burnie, Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Richard V. Leighton — ADDRESS Glen Burnie, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14141

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY A.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLYN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 419 CRESSWELL ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLYN
STREET ADDRESS (If rural give location) 419 CRESSWELL ROAD

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) ELLSWORTH B. MILLER

4. DATE OF DEATH: (Month) (Day) (Year) 12/29 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 7/14/1904

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): MUSICIAN

10b. KIND OF BUSINESS OR INDUSTRY: SELF

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HARRY

14. MOTHER'S MAIDEN NAME: DORA L. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: FAMILY - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a). DUE TO Acute pulmonary edema — Interval Between Onset And Death: 1 hr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Rheumatic Heart disease, mitral stenosis, sinus rhythm, decompensated — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to Dec 26, 1952, that I last saw the deceased alive on Dec 26, 1952, and that death occurred at 3 AM, Dec 29, 1952, from the causes and on the date stated above.
SIGNATURE (Degree or title) Warren D. Davis M.D. ADDRESS DATE SIGNED 30 Dec 1952

23. BURIAL, CREMATION, REMOVAL (Specify) B
DATE THEREOF 12/31/52
NAME OF CEMETERY OR CREMATORY CEDAR HILL
(City or town, State, or county) BROOKLYN, MD. (State)
DATE REC'D BY LOCAL REGISTRAR 12/31/52 REGISTRAR'S SIGNATURE C. W. Hedrick M.D.

24. FUNERAL DIRECTOR JAMES L. MCCULLY - 130 E. FORT AVE. ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1147

Reg. Dist. No. 22

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
LENGTH OF STAY (In this place) 0-yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Carter (Last) Mackey

4. DATE OF DEATH (Month) Dec (Day) 15 (Year) 1952

5. SEX female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH Feb 20 1817 | 9. AGE last birthday 70 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) Md. Anne Arundel | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Elijah Watts | 14. MOTHER'S MAIDEN NAME Elizabeth [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. [illegible] | 17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senile debility	1 yr
	(c) [illegible]	5 days

422.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. [illegible] | [illegible]

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 14, 1952, to Dec 15 1952, that I last saw the deceased alive on Dec 14, 1952, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) | ADDRESS 5609 main St. Elkridge 27 | DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec 20-52 | NAME OF CEMETERY OR CREMATORY National Cem. Mem. Park | LOCATION (City, town, or county) Meadville | (State) Md.

DATE REC'D BY LOCAL REG. Dec 20-52 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR [illegible] | ADDRESS Laurel, Md.

RECEIVED
JAN 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY A A County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WINCHESTER, MD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Winchester
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Nannie (Middle) J. (Last) Moon

4. DATE OF DEATH: (Month) 12 (Day) 4 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 29 1868

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Joseph Mc Donald

14. MOTHER'S MAIDEN NAME: Sarah Anna Litchfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Ruth L. Mc Shie Winchester, md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis — Interval between onset and death: 1 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer of left breast — 2

(c)

70X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/9/, 1952 to 12/4/, 1952, that I last saw the deceased alive on 12/3/, 1952, and that death occurred at 6 00 A.M., from the causes and on the date stated above.

SIGNATURE: Frank M. Shipley (Degree or title) M.D. ADDRESS: Annapolis DATE SIGNED: 12/4/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/6/52 — NAME OF CEMETERY OR CREMATORY: Guenmount Cem. — LOCATION (City, town, or county) (State): Balto. Md

DATE REC'D BY LOCAL REG. 12/5/52 — REGISTRAR'S SIGNATURE: A. N. Hedrick M.D. — 24. FUNERAL DIRECTOR: John A Moran per H & Lewis — ADDRESS: 3001 E. Balto St

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

147

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arnold
LENGTH OF STAY (In this place): 3 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Winchester

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: P. O. Arnold
STREET ADDRESS (If rural, give location): Mago Vista Road

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) W. (Last) Mueller, Jr.
4. DATE OF DEATH: (Month) Dec. (Day) 13, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-28-13
9. AGE last birthday: 39 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grading Contractor
10b. KIND OF BUSINESS OR INDUSTRY: General Contractor
11. BIRTHPLACE (State or foreign country): Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ernest W. Mueller, Sr.
14. MOTHER'S MAIDEN NAME: Julia Kasenauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Frank Mueller (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Internal Hemorrhage due to compound fracture of pelvis and of fracture of precordial bony structure.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): ____

(c): ____

INTERVAL BETWEEN ONSET AND DEATH: Sudden

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ____
19b. MAJOR FINDINGS OF OPERATION: ____
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Road
(CITY OR TOWN) (COUNTY) (STATE): Winchester, A.A. Co., Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 12-13-52 2:30 PM
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR?: Was grading road when a tree fell on him.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Gustave A. Faucher M.D.
(Degree or title): Deputy Medical Examiner
ADDRESS: Glen Burnie, Md.
DATE SIGNED: 12-13-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-18-52
NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: Dec. 15, 1952
REGISTRAR'S SIGNATURE: H. O. Brunck
24. FUNERAL DIRECTOR: Ben L. Hopping and Son
ADDRESS: ____

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14148

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberstone
LENGTH OF STAY (in this place) 85 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberstone
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Creston (Last) Murray

4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug 12 1862

9. AGE last birthday: 90 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Warrenton, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dr. James H. Murray

14. MOTHER'S MAIDEN NAME: Frances Henrietta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: E. Churchill Murray, Cumberstone, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
450.3
Immediate cause (a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from last ..., 19 52, to Dec ..., 19 52, that I last saw the deceased alive on Dec 23, 19 52, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
S. Boorsuck M.D Annapolis Md 12/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 12/25/52

NAME OF CEMETERY OR ~~CREMATORY~~ Quaker

LOCATION (City, town, or county) (State) Galesville Md

DATE REC'D BY LOCAL REG. 12/25/52

REGISTRAR'S SIGNATURE Edward Colleman

24. FUNERAL DIRECTOR T. A. Hardesty & Sons, Galesville, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15 8-51

1. PLACE OF DEATH:

COUNTY A. A. Co. — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY A. A. Co.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md.

STREET ADDRESS (If rural, give location) 1317 West St.

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	Agnes.		Neitzel	12-	25-	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Widowed	1-20-1877	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
at Home		Germany	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Konnast	Johanna Just

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No			Mrs. Anna Albert 3302 Lynch Ave Balto 14- Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
260X Immediate cause	(a) Cerebral Hemorrhage, & Hemiplegia	24hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis Militus.	yrs.
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	Sanguinous Urine, Cause Unknown	

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ....., 19 57, to....., 19....., that I last saw the deceased alive on 12-26-52, 19 52, and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Maurice McGowan, M.D. (DEGREE OR TITLE) ADDRESS Annapolis, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12/29/52	Holy Redeemer	Balto	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
December 27. 1952	RW	J. J. Mack	5305 Harford Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY A. A. Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup; LENGTH OF STAY (in this place) 45 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ft. Meade Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY A. A. Co.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup; STREET ADDRESS (If rural, give location) Ft. Meade Rd.

3. NAME OF DECEASED (Type or Print): (First) Mabel (Middle) S. (Last) Otis

4. DATE OF DEATH: (Month) Dec. (Day) 27th (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Mar. 2nd 1877

9. AGE last birthday: 75 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac N. Sterling

14. MOTHER'S MAIDEN NAME: Mary Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Mary Watkins, Jessup, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uraemia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bilateral Hydronephrosis	3 yrs.
	(c)	

601X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1949

19b. MAJOR FINDINGS OF OPERATION: Hydronephrosis, multiple kidney stones", etc.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1st, 1950, to Dec. 27th, 1952, that I last saw the deceased alive on Dec. 27th, 1952, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE: Frank Shipley, M.D. (Degree or title) ADDRESS: Savage, Md. DATE SIGNED: 12/27/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/29/52

NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 12/29/52

REGISTRAR'S SIGNATURE: A. F. Smith M.D.

24. FUNERAL DIRECTOR: Wm. J. Pickeyer & Son ADDRESS: Balto 17, Md.

1061

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AR-1

MARYLAND STATE DEPARTMENT OF HEALTH

4151

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH: COUNTY A. A. Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton; LENGTH OF STAY (in this place) Seven 6 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. 1 Box 186

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.Co.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Daisey (Middle) V. (Last) Phelps

4. DATE OF DEATH: (Month) Dec. (Day) 11th (Year) 1952

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow | 8. DATE OF BIRTH: Nov. 7, 1885 | 9. AGE last birthday: 67 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Laurel, Md. | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William Fairall | 14. MOTHER'S MAIDEN NAME: Lottie Mallory

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: Mrs. Lola V. Phelps

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Cardio-Vas. Disease	1 yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	2 yrs.
	(c) Diabetes	1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1952 to Dec. 11th, 1952, that I last saw the deceased alive on Dec. 7, 1952, and that death occurred at 1:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank Shipley, M.D. Savage, Md. 12/11/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-13-52	Nichols Memorial	Odenton	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/12/52	L. J. DeAlba	P. V. Leighton	Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

14152

CERTIFICATE OF DEATH

[redacted]

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dr. [illegible] Crossi - Annapolis — LENGTH OF STAY (In this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dr. [illegible] Crossi - Annapolis, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Anne Arundel COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold-Mr. [illegible] lis, Md.
STREET ADDRESS (If rural, give location) Arnold, Mr. [illegible] lis, Md.

3. NAME OF DECEASED (Type or Print): (First) Hannah (Middle) Elizabeth (Last) Porter
4. DATE OF DEATH: (Month) 12/31/1952 (Day) (Year) 19

5. SEX: [illegible]le
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: 1/1/[illegible]07
9. AGE last birthday: [illegible]5 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]pper (Cook)
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Brown's [illegible]nds, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: [illegible]ley Blake
14. MOTHER'S MAIDEN NAME: Sally [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: [illegible] Dr. [illegible] Crossi, Annapolis

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bowel Disease — 2 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) Annapolis (COUNTY) Anne Arundel (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] Allen (Degree or title) MD ADDRESS 10 Carroll DATE SIGNED 1-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1-7-53 — NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery — LOCATION (City, town, or county) (State) Arnold, Maryland-Mr. [illegible]

DATE REC'D BY LOCAL REG. Jan. 3, 1953 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR [illegible]tel L. [illegible] Dr. [illegible] St. Annapolis — ADDRESS

VS. A15A

RECEIVED
JAN 7 [illegible]
BUREAU V. S.

14153

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY AA; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Jewell; STREET ADDRESS (If rural, give location) 1 mi South McClendree

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas		Powell	Dec	15	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Col	Married	Nov 15	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm hand	Laborer	U.S.A. Co. Unt.	

13. FATHER'S NAME: Peter Powell

14. MOTHER'S MAIDEN NAME: Harriet Ann Poole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY No.	17. INFORMANT
no	none	Benjamin W. Powell, Friendship Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Massive Gastric Hemorrhage	1 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gastroenteritis - severe	12 hrs
(c) Arteriosclerosis - generalized, severe Arteriosclerotic C V Disease	10 yrs

42a 1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1950, to Dec 15, 1952, that I last saw the deceased alive on Dec 15, 1952 and that death occurred at 2 55 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R P Chase	MD	Upper Marlboro Md	Dec 15-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 15 1952	Union Cemetery	Whitehaven Pr Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/18/52	M. T. Clayton	HARDESTY FUNERAL Home	MD Edelesville

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4154

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SUNSET BEACH
LENGTH OF STAY (in this place): 4 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: AT HOME

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SUNSET BEACH
STREET ADDRESS (If rural, give location): HOMELAND & BEDFORD

3. NAME OF DECEASED (Type or Print): (First) MICHAEL (Middle) THOMAS (Last) RAFTERY

4. DATE OF DEATH: (Month) DECEMBER (Day) 26 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: MARCH 29-1905

9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GRAIN TRIMMER

10b. KIND OF BUSINESS OR INDUSTRY: WESTERN Md.

11. BIRTHPLACE (State or foreign country): BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: THOMAS PATRICK RAFTERY

14. MOTHER'S MAIDEN NAME: MARTINA BARNES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 705 10 5991

17. INFORMANT AND ADDRESS: MARTINA BIRRANE SUNSET BEACH

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	2 days
4154 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Cardio-Vascular Heart	5 years
	(c) Coronary Sclerosis	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Dec. 25, 1952, that I last saw the deceased alive on Dec. 25, 1952, and that death occurred at 5:05 A.m., from the causes and on the date stated above.

SIGNATURE: J. Brady Smith (Degree or title) M.D. ADDRESS: Riviera Beach, Md. DATE SIGNED: 12/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 12-27-52
NAME OF CEMETERY OR CREMATORY: GLEN HAVEN MEMORIAL
LOCATION (City, town, or county) (State): GLENBURNIE Md.

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: George A. Weber ADDRESS: 705 S. ANN ST

14155

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Anne Arundel — STATE: MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pasadena — LENGTH OF STAY (In this place): 9 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Anne Arundel — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pasadena - Rural — STREET ADDRESS (If rural give location): none

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hattie	Edna	Richards	Dec.	17	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	Aug 18-1877	75 yrs.		3	39	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	none	Staunton Va	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Bell Eckard	Mary M. Humphery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Otto Bourbach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Embolism	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Stomach	1 year
	(c) Secondary Anemia	1 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
none			m.		

22. I hereby certify that I attended the deceased from Feb 1, 1952 to Dec 17, 1952 that I last saw the deceased alive on Dec 17, 1952 and that death occurred at 12:28 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James C. Tasco	M.D.	Upper Marlboro, Md.	12-17-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 20, 1952	Mardela Cemetery	Mardela Springs, Maryland WICOMICO COUNTY

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/19/52	[signature]	Ben L Hopping and Son	Annapolis, Md.

VS. A15

Item 18 Film G150 1-2063 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 150

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: A.A. Gen. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arnold
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) DORIS (Middle) ANNE (Last) ROE

4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, DIVORCED, (Specify)~~:

8. DATE OF BIRTH: 1/18/1943

9. AGE last birthday: 9 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William J. Roe

14. MOTHER'S MAIDEN NAME: Mildred Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. William J. Roe Arnold Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a): Aspiration Bronchopneumonia (Duration: 1 day)
DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b):
DUE TO
(c): (No growth reported from lungs)

INTERVAL BETWEEN ONSET AND DEATH: 30 hrs

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 21, 1952 to Dec. 21, 1952, that I last saw the deceased alive on Dec. 21, 1952, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE: Donald Hunter (DEGREE OR TITLE) M.D. ADDRESS: 90 Cathedral St. Annapolis Md. DATE SIGNED: Dec 22 1952

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): — DATE THEREOF: 12/23/52 — NAME OF CEMETERY OR CREMATORY: Asbury Methodist — LOCATION (City, town, or county) (State): Arnold Anne Arundel Co. Md.

DATE REC'D BY LOCAL REG.: Dec. 23, 1952 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: John M. Taylor & Son, Annapolis Md.

RECEIVED
DEC
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11578

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY D. C. Co. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Millsmeadow
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 13 Locust St ✓

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) R (Last) Burke

4. DATE OF DEATH: (Month) 12 (Day) 12 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: 11/15/13

9. AGE last birthday: 39 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Baldwin Friend

14. MOTHER'S MAIDEN NAME: Rebecca Barclay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Carroll Dail Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
4477 Immediate cause	(a) Heart block,	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arterio Sclerosis	2 yrs
DUE TO		
	(c) Hypertension,	3 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-21, 19.52, to 12-12, 19.52, that I last saw the deceased alive on 12-11, 19.52, and that death occurred at 12:12 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
O'Mas Demar M.D. Cambridge, Md. 12-14-52

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF 12/14/52

NAME OF CEMETERY OR CREMATORY Green Lawn

LOCATION (City, town, or county) (State) Cambridge, Md.

DATE REC'D BY LOCAL REG. 12-26-52

REGISTRAR'S SIGNATURE John Mace Jr. M.D.

24. FUNERAL DIRECTOR Eccompte Funeral Service ADDRESS Cambridge, Md.

12-30-52 F. M. Joyce - CME

DEC 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1158

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

1. PLACE OF DEATH:

COUNTY ANNE ARUNDEL — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PASADENA (RURAL)

LENGTH OF STAY (in this place): 7 YEARS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: SOUTHWEST ROAD & BODKIN DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY ANNE ARUNDEL

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PASADENA, (RURAL) (BAYSIDE BEACH)

STREET ADDRESS (If rural, give location): SOUTHWEST ROAD & BODKIN DRIVE.

3. NAME OF DECEASED: (Type or Print) (First) MELVINA (Middle) MAUDE (Last) RUPPERTSBERGER

4. DATE OF DEATH: (Month) DEC. (Day) 13 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	MARRIED	JAN. 8, 1893	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
HOUSEWORK	OWN HOME	BALTIMORE, MD	U.S.A.

13. FATHER'S NAME: ROBERT WESLEY BROWNLEY

14. MOTHER'S MAIDEN NAME: IDA MAY BOWERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	(If Yes, give war or dates of service)	HENRY E. RUPPERTSBERGER BAYSIDE BEACH. PASADENA, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of breast	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Metastases of Carcinoma of breast	2 yrs.
	(c) DUE TO	

17.+

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1, 1952 to Dec. 13, 1952 that I last saw the deceased alive on Dec. 13, 1952, and that death occurred at 8:10 P.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Randall M. McLaughlin	M.D.	Pasadena, Md.	Dec. 13, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	DEC. 16, 1952	MEADOWRIDGE MEMORIAL	DORSEY	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
DEC 16 1952	L. J. D'Alba	D. W. Dingledine	Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 , 19[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-10-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place): 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital, Annapolis, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 107 Severn Avenue

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Lillian (Last) RINESS

4. DATE OF DEATH: (Month) December (Day) 17 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: January 1, 1889

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Victor DOMINIC

14. MOTHER'S MAIDEN NAME: Martha LEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
260X Immediate cause	(a) Uraemia, coma 592	45 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardiovascular renal sclerosis 442	Known 4 years
DUE TO		
	(c) Diabetes mellitus 260	Known 4 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemiplegia 334 — 30 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1952, to Dec. 17, 1952, that I last saw the deceased alive on Dec. 17, 1952, and that death occurred at 0520 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

William I. [illegible] LCDR MC USN, USNH, Annapolis, Md. — 12-17-52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): — DATE THEREOF: 12-19-52 — NAME OF CEMETERY OR CREMATORY: National — LOCATION (City, town, or county), (State): Annapolis Md

DATE REC'D BY LOCAL REG.: Dec. 18, 1952 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR — ADDRESS: John M. Tayla. Sons Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Harman A.A Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harmon; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A. Co. Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harmans; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Irving (Middle) L (Last) Shipley

4. DATE OF DEATH: (Month) Dec. (Day) 25, (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 3, 1870

9. AGE last birthday: 82 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Larkin R. Shipley

14. MOTHER'S MAIDEN NAME: Isabel Wesley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Miss Catherine Shipley - Harmans, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vas. Dis. — 2 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 23, 19 49, to Dec 25, 19 52, that I last saw the deceased alive on Dec 14, 19 52, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE: James L. Billingsley (Degree or title) M.D. ADDRESS 10 E Central Ave Elkton Md DATE SIGNED Dec 25, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 12/27/52 | NAME OF CEMETERY OR CREMATORY Friendship Cem. | LOCATION (City, town, or county) Dover, Del. (State)

DATE RECD BY LOCAL REG. DEC 26 52 | REGISTRAR'S SIGNATURE L. W. Riedrich

24. FUNERAL DIRECTOR Wm. J. Fickenscher & Sons ADDRESS Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14161

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. Ard

1. PLACE OF DEATH — COUNTY: ANNE ARUNDAL CO MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MILLERSVILLE; LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: CECIL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND; COUNTY: ARUNDAL ANNE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MILLERSVILLE; STREET ADDRESS (If rural, give location): CECIL AVE.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) CARLTON (Last) SISSON

4. DATE OF DEATH: (Month) DEC (Day) 23 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: FEB. 3 1868

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BUYER RET.

10b. KIND OF BUSINESS OR INDUSTRY: S. KAHN & SONS

11. BIRTHPLACE (State or foreign country): MONTROSS VA

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: FRANK L. SISSON.

14. MOTHER'S MAIDEN NAME: MARY CRABBE.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE.

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: 3728 MANOR RD MRS ELEANOR COGGINS CHCH. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Heart Disease	6 Months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Generalized Arteriosclerosis	2 years
	(c)	

4 10.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to Dec 23, 1952, that I last saw the deceased alive on Dec 18, 1952, and that death occurred at 2:55 P m., from the causes and on the date stated above.

SIGNATURE: Edward G Chenoweth (Degree or title) M.D. ADDRESS: Lambertville, N.J. DATE SIGNED: 12-23-52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: DEC 26 1952 — NAME OF CEMETERY OR CREMATORY: BALDWIN MEMORIAL CEM. — LOCATION (City, town, or county) (State): MILLERSVILLE MD.

DATE REC'D BY LOCAL REG.: 12-23-52 — REGISTRAR'S SIGNATURE: A M Joyce

24. FUNERAL DIRECTOR: Chas. S. Hines Co. — ADDRESS: 2901 14th St N.W. Washington D.C.

DEC 29
BUREAU V. S.

1068

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 41 62

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Pasadena P.O.
MARYLAND LENGTH OF STAY (in this place) 31 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elvaton

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena P.O.
STREET ADDRESS (If rural give location) Elvaton

3. NAME OF DECEASED: (Type or Print) (First) Alberdina (Middle) (Last) Smith

4. DATE OF DEATH: (Month) Dec. (Day) 1 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Feb. 2, 1879 | 9. AGE last birthday: 73 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Johannas Ostberg
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mary Smith Elvaton, Pasadena P.O.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cerebral Hemorrhage	6 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Hypertension	+ 0 Years
	(c) DUE TO General Arterio Sclerosis	+ 5 Y.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT — SUICIDE — HOMICIDE — (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to 12/1/52, 19. , that I last saw the deceased alive on 12/1/52 19 , and that death occurred at 9:20 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Samuel K. Pancheri M.D. ADDRESS Glen Burnie, Md. DATE SIGNED 12/2/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec. 5, 1952 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Brooklyn P.O. (State) Md.
DATE RECD BY LOCAL REGISTRAR 12/4/52 | REGISTRAR'S SIGNATURE L. J. De Alba | 24. FUNERAL DIRECTOR R. V. Lingleton ADDRESS Glen Burnie, Md.

VS 1 T

RECEIVED
DEC 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1162

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS AB 8-51

1. PLACE OF DEATH:

COUNTY: Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 86 Conduit St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis

STREET ADDRESS (If rural, give location): 86 Conduit St.

3. NAME OF DECEASED: (First) ANNIE (Middle) S. W. (Last) SMITH

4. DATE OF DEATH: (Month) DEC. (Day) 4, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 15, 1869

9. AGE last birthday: 83 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Blackburn

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Jane Smith Jarboe same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) arteriosclerotic C.V.D. with

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) complete heart block — 3 yrs.

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Fracture rt. femur — 3 years

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/17/52, to 12/4/52, that I last saw the deceased alive on 11/24/52, and that death occurred at 7:10 p.m., from the causes and on the date stated above.

SIGNATURE: Frank M. Shipley (DEGREE OR TITLE) M.D. ADDRESS: Annapolis DATE SIGNED: 12/5/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Dec. 6, 1952

NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery

LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: Dec. 5, 1952

REGISTRAR'S SIGNATURE: J. W. Dorsch D.C.

24. FUNERAL DIRECTOR ADDRESS: Ben L. Hopping and Son, Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH 4161

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (In this place) 3 yrs. 1 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups
STREET ADDRESS (If rural, give location) Guilford Road

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Edward (Last) Smith

4. DATE OF DEATH: (Month) 12 (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 6/6/43

9. AGE last birthday: 9 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: — — —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Edward Galloway

14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — — — — (If yes, give war or dates of service) — — —

16. SOCIAL SECURITY NO. — — — —

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

352 X

Immediate cause (a) Bilateral Bronchopneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Palsy

(c)

INTERVAL BETWEEN ONSET AND DEATH: (b) 10-9-49

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — — — — — 19b. MAJOR FINDINGS OF OPERATION — — — — — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — — — — — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — — — — — (CITY OR TOWN) — — — — — (COUNTY) — — — — — (STATE) — — — — —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR? — — — — — — — — — — — —

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined .*

SIGNATURE [signature] (Degree or title) MD ADDRESS [illegible] DATE SIGNED 12/9/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 12/12/52 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG 12/13/52 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR [illegible] | ADDRESS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14165

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct are is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville | LENGTH OF STAY (in this place) 1 yr. 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Baltimore City
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 788 W. Franklin Street

3. NAME OF DECEASED: (Type or Print) (First) Sadie (Middle) Ette (Last) Smith

4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 19 52

5. SEX: Male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: 1881? | 9. AGE last birthday: 71? yrs. | IF UNDER 1 YEAR: Months — Days — | IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic | 10b. KIND OF BUSINESS OR INDUSTRY: Unknown | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Mac Selvy | 14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) — — — | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

OSF

Immediate cause (a) General Paresis — Interval Between Onset And Death: Known to us since adm. 7/20/51

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral vascular accident

19a. DATE OF OPERATION: — — — — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/20, 1951, to 12/23, 19 52, that I last saw the deceased alive on 12/23, 19 52 and that death occurred at 4:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jack Marcuse M.D. | ADDRESS Crownsville, Md. | DATE SIGNED 12/23/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12-29-52 | NAME OF CEMETERY OR CREMATORY Arbutus Mem Park | LOCATION (City, town, or county) Arbutus (State) Md

DATE REC'D BY LOCAL REGISTRAR 12/30/52 | REGISTRAR'S SIGNATURE A. W. Hedrick M.D. | 24. FUNERAL DIRECTOR William A Jackson | ADDRESS 916 Penna. Ave.

VS. 115

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS A15 8-51

1. PLACE OF DEATH:
COUNTY A.A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md
LENGTH OF STAY (in this place) Three days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Margarets - A.A. Co.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) F. (Last) Smith

4. DATE OF DEATH: (Month) Dec. (Day) 21 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 16. 1898

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months 1 Days 5 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: In Hospital (Bd. of Education)

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William F. Smith

14. MOTHER'S MAIDEN NAME: Ella Warfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 212-05-4426

17. INFORMANT & ADDRESS: Mrs. Wm. F. Smith, Whitehall Beach Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Myocardial Infarction DUE TO (Coronary)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 Days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. (None)

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-18-52, 19.., to 12-21-52, 19.52, that I last saw the deceased alive on 12-20-52, and that death occurred at 10.25 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Albert L. Anderson M.D. ADDRESS Annapolis Md DATE SIGNED 12-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF Dec 24 1952 NAME OF CEMETERY OR CREMATORY Western Cem LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REG. 12/24/52 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm J Tucker & Sons ADDRESS Balto Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4167

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G Meade
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Texas COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brackettville
STREET ADDRESS (If rural give location) Box 463

3. NAME OF DECEASED: (Type or Print) (First) Jackson (Middle) L (Last) Spillers

4. DATE OF DEATH: (Month) December (Day) 5 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 16 February 1913

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Soldier

10b. KIND OF BUSINESS OR INDUSTRY: US Army

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: -

14. MOTHER'S MAIDEN NAME: -

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 18 years

16. SOCIAL SECURITY NO.: -

17. INFORMANT & ADDRESS: Personnel Officer, Ft Geo Meade, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Thrombosis, coronary artery, acute — Interval Between Onset And Death: 5 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis — unknown

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION -

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - PLACE (Home, farm, factory, street, office bldg., etc.) - (CITY OR TOWN) - (COUNTY) - (STATE) -

TIME OF INJURY (Month) (Day) (Year) (Hour) - m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 5 Dec, 1952, to 5 Dec, 19 52, that I last saw the deceased alive on 5 Dec, 1952 and that death occurred at 1:40 p.m., from the causes and on the date stated above.

SIGNATURE Donald R. Nathenie (Degree or title) Capt. M.C. ADDRESS Fort George G Meade Md. DATE SIGNED 5 Dec 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 9 Dec 1952 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Texas

DATE REC'D BY LOCAL REGISTRAR 6 Dec 1952 — REGISTRAR'S SIGNATURE Arthur J. Gobert Capt MSC — 24. FUNERAL DIRECTOR Lilly & Zeiler, Inc. — ADDRESS Baltimore, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Heights
STREET ADDRESS (If rural, give location) 907 60th Avenue ✓

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Joseph Spriggs

4. DATE OF DEATH: (Month) 12 (Day) 17 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1900?

9. AGE last birthday: 52? yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) Unk.

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Chronic Myocarditis	Known to us since 12/13/52
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Generalized and Cerebral Arteriosclerosis	" "
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - - -

19b. MAJOR FINDINGS OF OPERATION: - - - - -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - - - -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY - - - - - (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY - - - - - - M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? - - - - - -

22. I hereby certify that I attended the deceased from 12/13, 19 52, to 12/17, 19 52, that I last saw the deceased alive on 12/17, 19 52 and that death occurred at 9:15 p.m., from the causes and on the date stated above.

SIGNATURE [illegible] M.D. (DEGREE OR TITLE) ADDRESS Crownsville, Md. DATE SIGNED 12/17/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 12-22-52 — NAME OF CEMETERY OR CREMATORY Woodlawn — LOCATION (City, town, or county) (State) Nash, DC

DATE REC'D BY LOCAL REG. Dec 19 52 — REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR J. T. Stewart - 304 Florida Ave NE — ADDRESS

T. M. Joyce-emb

VS-A15, 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEC 29
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]69

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 1 yr. 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give neafest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 1313 Madison Avenue

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	Arthur	P.	Stanley	12	17	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	Single	July 10, 1893	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	Unknown	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unk.	Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Occlusion	Sudden death
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic Myocarditis	Known to us since adm. 3/24/51
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. General Paresis — Known to us since 3/24/51

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
- - - - - -	- - - - - - - - - - - - - - - - - - - -	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
- - - - -	- - - - -	- - - - -	- - - - -	- - - - -

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
- - - - -			M.		- - - - - - - - - - - - - - - - - - - -

22. I hereby certify that I attended the deceased from 3/24, 19 51, to 12/17, 19 52, that I last saw the deceased alive on 12/17, 19 52, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE [signature] M.D. (DEGREE OR TITLE) ADDRESS Crownsville, Md. DATE SIGNED 12/17/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12-20-52	Mt. Calvary	A. A. County, Md

DATE RECD BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/18/52	A. W. Hedrick M.D.	Joseph B. Locke, Jr.	1304 N. Central Ave

Film # 1149 – Items 5, 6, 7.
12/16/52 mmb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14170

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY A A. — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maya

LENGTH OF STAY (in this place): 34 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE — COUNTY A.A.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maya

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Joseph	I	Taylor	Dec	4	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Colored	Married	Feb 8 1889	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Caretaker	Estate	Harwood Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Henderson Taylor	Elizabeth Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	212-32-1929	Randolph Thomas, Maya Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arterio – Sclerotic Hypertension

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 31, 1951, to Dec 4, 1952, that I last saw the deceased alive on Dec 4, 1952, and that death occurred at 5:45 P m., from the causes and on the date stated above.

SIGNATURE: R. Edward Lyon M.D. (DEGREE OR TITLE) ADDRESS 110 – Elgy St. DATE SIGNED 12/6/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Buried	12/7/52	Hope Chapel	Edgewater	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 6, 1952	Edward Callenson	Hardesty Funeral Home	Catonsville Md.

VS-A15 8-51

DEC 11
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19 1171

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Severn Grove

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) Severn Grove

3. NAME OF DECEASED: (Type or Print) (First) CORA (Middle) CLENDENNA (Last) TILMAN

4. DATE OF DEATH: (Month) DECEMBER (Day) 21 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Femal	White	Widowed	October 1, 1881	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): McDaniel, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Jones
14. MOTHER'S MAIDEN NAME: Ida Banning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Hattie Schwallenberg Daughter same as 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Ignorance	3 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Carcinoma of Cervix, Metastatic	3 yrs
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-18, 1952, to 12-31, 1952, that I last saw the deceased alive on 12-31, 1952, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

SIGNATURE Edward S. Beck (DEGREE OR TITLE) MD ADDRESS 4 Southgate Ave DATE SIGNED 2 January '53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 1-8-53 — NAME OF CEMETERY OR CREMATORY St. Margarets Cemetery — LOCATION (City, town, or county) (State) St. Margarets, Maryland

DATE REC'D BY LOCAL REG. Jan. 3 1953 — REGISTRAR'S SIGNATURE — **24. FUNERAL DIRECTOR** Ben L. Hopping and Son — ADDRESS Annapolis, Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 7 1...
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1172

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fort George G Meade
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Illinois — COUNTY Union
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Johesboro
STREET ADDRESS (If rural give location) Box #35

3. NAME OF DECEASED: (Type or Print) (First) Steve (Middle) Allen (Last) Tregoning Twin I
4. DATE OF DEATH: (Month) December (Day) 2 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant
8. DATE OF BIRTH: 26 November 1952
9. AGE last birthday: yrs. ✓ IF UNDER 1 YEAR: Months — Days 7 — IF UNDER 24 HRS.: Hours — Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): -
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Olis Allen Tregoning
14. MOTHER'S MAIDEN NAME: Myrdel Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) -
16. SOCIAL SECURITY NO.: -
17. INFORMANT & ADDRESS: Olis A. Tregoning, Ft Geo G Meade, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

771.5
Immediate cause (a) Prematurity — 7 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hemorrhagic disease of newborn — 2 days
DUE TO
(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION -
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -
(CITY OR TOWN) (COUNTY) (STATE) -
TIME OF INJURY (Month) (Day) (Year) (Hour) m. -
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 26 Nov, 1952, to 2 Dec, 1952, that I last saw the deceased alive on 2 Dec, 1952 and that death occurred at 1050 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) STUART J WALTER Major MC — ADDRESS Fort George G Meade, Md. — DATE SIGNED 2 Dec 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3 December 52 — NAME OF CEMETERY OR CREMATORY Post Cemetary — LOCATION (City, town, or county) Fort Geo G Meade (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2 Dec 1952 — REGISTRAR'S SIGNATURE ARTHUR J GOSH Capt MSC — 24. FUNERAL DIRECTOR O.H. KELLY Lt Col (Chaplain) Ch C — ADDRESS

VS. A15

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RECEIVED
DEC 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY A.A.CO. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN City Annapolis | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ANNE ARUNDEL General.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY AACO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Glen BURNIE.
STREET ADDRESS (If rural, give location) 6708 Holly Creek Road.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Clarence	L.	Truett (TRUIT)	12	2	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
M.	W.	M.	11.27.1900	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carp.	Mollen Co.	Md.	

13. FATHER'S NAME Howard. | 14. MOTHER'S MAIDEN NAME Dorothy ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No			Family. Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Basilar Fracture. Skull. with Laceration

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) BRAIN
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY High. School	(CITY OR TOWN)	(COUNTY)	(STATE)
		Annapolis.	AACO	MD.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☑	Not while at work ☐	HOW DID INJURY OCCUR?
12	1	52	m.			Fell from Scaffold.

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ✓, suicide ___, homicide ___, undetermined ___.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Lin Ladd	MD	Annapolis Md	12/2/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12.5.52	Cedar Hill	Balto.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12/5/52	A. H. Burch M.D.	A. T. Le Compte	130 E. Fort Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1172 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16 9-51

1. PLACE OF DEATH:
COUNTY Ba.
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Severn
MARYLAND
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Donaldson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Aa.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn
STREET ADDRESS (If rural, give location) Donalson Ave

3. NAME OF DECEASED: (First) Helen (Middle) Elizabeth (Last) Whitehead
4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	Col.	Single	Sept. 5 - 1952		3	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nathaniel Whitehead
14. MOTHER'S MAIDEN NAME: Alice Edwards
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Alice Whitehead (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia (virus)	5 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cold	7 days.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/3, 1952, to 12/6, 1952, that I last saw the deceased alive on 12/6/52, 19....., and that death occurred at ..... P.M., from the causes and on the date stated above.

SIGNATURE Chas. L. Bacon Jr. (DEGREE OR TITLE) ADDRESS Linthicum DATE SIGNED 12/6/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12/9/52	Mt. Auburn Cem	Balto.	Md.

DATE REC'D BY LOCAL REG. 12-8-52 — REGISTRAR'S SIGNATURE C. — 24. FUNERAL DIRECTOR Thos. Katie R. Williams & Sons — ADDRESS 322 St.

2092255405

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 17

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY A A — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shadyside
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) DIVIDA (Middle) (Last) WILDE

4. DATE OF DEATH: (Month) DEC (Day) 20 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: June 25 1863

9. AGE last birthday: 89 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs Sophie Smith, Shadyside, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4.200

Immediate cause — (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Some Years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Generalized arteriosclerosis — Some Years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Partial Intestinal Obstruction 2 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 19 52, to Dec 20, 19 52, that I last saw the deceased alive on Dec 20, 19 52, and that death occurred at 11 A.M. m., from the causes and on the date stated above.

SIGNATURE George C. Bond (DEGREE OR TITLE) M.D. ADDRESS Annapolis Md DATE SIGNED 12.20.52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Dec 22 1952 — NAME OF CEMETERY OR CREMATORY St Johns — LOCATION (City, town, or county) (State) Shadyside, MD

DATE REC'D BY LOCAL REG. Dec. 22, 1952 — REGISTRAR'S SIGNATURE [signature] B.W.

24. FUNERAL DIRECTOR — ADDRESS HARDESTY FUNERAL HOME Edgewater, Md.

RECEIVED
DEC 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4176

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bay Ridge, Rural, Annapolis
STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) MAY (Last) WILSON

4. DATE OF DEATH: (Month) Dec. (Day) 4 (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 9, 1879

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Dunkerly

14. MOTHER'S MAIDEN NAME: Laura Virginia Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mr. Albert Z. Wilson - Bay Ridge, Bay Ridge Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331 Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Dec 1st

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Cerebral + General Arterial — Several years
DUE TO (c) Arteriosclerosis — Several years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis Chr.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1952, to Dec. 4, 1952, that I last saw the deceased alive on Dec. 4, 1952, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

George C Boyd M.D. Annapolis Md. 12-4-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 12/6/52 — NAME OF CEMETERY OR CREMATORY Loudon Park Cem. — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. December 6 1952 — REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Wm. J. Pickney & Sons — ADDRESS Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24177

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 1 yr. 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): 27 N. Carey St.,

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Woods

4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unk.

8. DATE OF BIRTH: 1884?

9. AGE last birthday: 68? yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unk.

10b. KIND OF BUSINESS OR INDUSTRY: Unk.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): - - - -

16. SOCIAL SECURITY NO.: - - - - -

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

45.0

Immediate cause (a) Generalized Arteriosclerosis — Interval Between Onset And Death: Known to us since adm. 4/19/51

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Cerebral Arteriosclerosis

19a. DATE OF OPERATION: - - - - -

19b. MAJOR FINDINGS OF OPERATION - - - - -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - - -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY - - - - -

(CITY OR TOWN) (COUNTY) (STATE) - - - - -

TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - - m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? - - - - -

22. I hereby certify that I attended the deceased from 4/19 ..., 19 51 to 12/23 ..., 19 52, that I last saw the deceased alive on 12/23 ..., 19 52 and that death occurred at 2:00 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title): Hunter Margeson M.D.
ADDRESS: Crownsville, Md.
DATE SIGNED: 12/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): 12-27-52
DATE THEREOF: 12-27-52
NAME OF CEMETERY OR CREMATORY: Arlington
LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REGISTRAR: DEC 24 1952
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

24. FUNERAL DIRECTOR: Samuel V. Sullivan Inc
ADDRESS: 1011 N. Arlington Ave

L. W. Poledrick

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Anne Arundel. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum | LENGTH OF STAY (In this place) 12 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CARL AS. LUTHER. WOOLLEN.	12-30-52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	married	11/13/88	64 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
[illegible]	Chemicals	Madison, Dearborn Co. Ind.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Carl C. Woollen	Emma [illegible] cumHgts.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mrs. Doris E. Luedy, 129 Forest View Rd., Linthi-

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral hemorrhage due to	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) self inflicted wound - with a	
(c) 32. calibre Revolver.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— —		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Linthicum Md.	A.A.	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
12/30/52. 5:30 a.m.		self inflicted wound - (Suicide)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Charles A. Parker M.D. Medical Examiner	Glen Burnie, Md.	12/31/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 1 1953	London Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/3/53	C. W. Brettick M.D.	Wm. J. Fickner & Sons	Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14179
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1 PLACE OF DEATH:
COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millersville
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jumperhole Road

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millersville
STREET ADDRESS (If rural give location) Jumperhole Rd.

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) (Last) Yonke

4. DATE OF DEATH: (Month) (Day) (Year) December 30, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 15, 1887

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: farm owner

11. BIRTHPLACE (State or foreign country) Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick W. Yonke

14. MOTHER'S MAIDEN NAME: Henrietta

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ella E. Yonke, Box 374 Millersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Degenerative Cardio Vascular Disease — Interval Between Onset And Death: 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 422.1
(b) DUE TO: Arteriosclerotic Cardio Vascular Disease — 10 years
(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis — 20 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. ..., 1948, to Dec. 30, 1952, that I last saw the deceased alive on Dec. 28, 1952, and that death occurred at 6:25 P.M.; from the causes and on the date stated above.

SIGNATURE J. Brady Smith (Degree or title) M.D. ADDRESS Riviera Beach, Md. DATE SIGNED 12/30/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/2/53
NAME OF CEMETERY OR ~~CREMATORY~~ Baltimore
LOCATION (City, town, or county) (State) Baltimore Maryland
DATE REC'D BY LOCAL REGISTRAR 1/2/53
REGISTRAR'S SIGNATURE A W Schenck
24. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS 1217 St Paul St.

Item 7 FilmG150 2/2/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4180

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 1 yrs. 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 1057 W. Lexington St., ✓

3. NAME OF DECEASED: (Type or Print) (First) Roy (Middle) Clayton (Last) Young

4. DATE OF DEATH: (Month) 12 (Day) 12 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3/22/81

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Benjamin Young

14. MOTHER'S MAIDEN NAME: Elizabeth Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) Unk.

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Hypertensive Heart Disease — Interval Between Onset and Death: Since adm. 8/6/51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/6/51, 19..., to 12/12..., 19 52, that I last saw the deceased alive on 12/12..., 19 52, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Jacob Morgenstern M.D. — Crownsville, Md. — 12/12/52

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF 12/13/52 — NAME OF CEMETERY OR CREMATORY Crownsville State Hosp. — LOCATION (City, town, or county) (State) Crownsville, Md.

DATE REC'D BY LOCAL REG. 12/13/52 — REGISTRAR'S SIGNATURE — **24. FUNERAL DIRECTOR** — ADDRESS
Jacob Morgenstern M.D. Crownsville, Md.

VS. 415. 8-51

RECEIVED
DEC 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14184

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AUG. 8-51

1. PLACE OF DEATH:
COUNTY ~~Anne Arundel~~ St Anne Arundel / MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton Rural RF.D. 1 Box 418
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~Elizabeth~~ Patuxent RF.D.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton (Rural) (Patuxent)
STREET ADDRESS (If rural, give location) R.F.D. No. 1 Box 418

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) M. (Last) Zuknick

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 6 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan. 6 1874

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework (ret.)

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Tuliopol, Poland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August Diilge

14. MOTHER'S MAIDEN NAME: Christina Deam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Ernest Zuknick - Box 370 - RF.D. 1 - Odenton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

260X

Immediate cause (a) Myocardial Failure - Virus — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Diabetes - Coronary Sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/6, 1952 to 12/6, 1952 that I last saw the deceased alive on 12/6, 1952, and that death occurred at 10:50 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
B P Warren MD Laurel Md 12/6/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec. 10, 1952 — NAME OF CEMETERY OR CREMATORY: Trinity M.E. Church South Cem. — LOCATION (City, town, or county) (State): Patuxent A.A. Co. Md.

DATE REC'D BY LOCAL REG. 12/9/52 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: P V Singleton, Glen Burnie, Md.

RECEIVED
DEC 11
BUREAU V. S.